



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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**AUTO SAFETY HOTLINE**  
(800) 424-9393  
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**DYNAMIC SCIENCE, INC.**  
**In-Depth Accident Investigation**

Contract Number DTNH22-94-D-27058  
Case Number DSI-95-SP-024

1995

## TECHNICAL SUMMARY

**CONTRACTOR:** Dynamic Science, Inc.  
**CONTRACT NUMBER:** DTNH22-94-D-27058  
**CASE NUMBER:** DSI-95-SP-024

This collision occurred on an early winter weekday. At the point of impact, the roadway is a four-leg, concrete intersection which is straight and level and is controlled by a stop sign for east/west traffic.

Vehicle 1, the case vehicle, was a 1987 Plymouth Voyager (SE), driven by a 40 year old male. According to the driver, Vehicle 1 was westbound approaching the intersection at approximately 32 KPH (20 MPH) and beginning to brake for the stop sign.

Vehicle 2, a 1995 Saturn driven by a 20 year old male, was traveling northbound approaching the same intersection at approximately 64 KPH (40 MPH).

The driver attempted to stop Vehicle 1, but according to the driver the brakes failed. Vehicle 1 slowed, however, and entered the intersection directly into the path of Vehicle 2. The driver of Vehicle 1 realized that Vehicle 2 was going to collide with him, he accelerated Vehicle 1 in an attempt to avoid the collision. The driver of Vehicle 2 attempted to avoid the collision by braking and steering to the left, but the front of Vehicle 2 struck the left rear of Vehicle 1.

The impact pushed Vehicle 1 into a counterclockwise rotation, and the left rear rubber bumper guard pushed on the left corner of the liftgate. This caused the liftgate to move up and laterally to the right. The latch moved from the latching post and the rear liftgate opened. At the same time, the rear seat latching anchors released the rear seat. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown towards the left side of Vehicle 1. As Vehicle 1 came to a stop at final rest, the rear liftgate had swung fully open. The rear seat along with both rear occupants fell out onto the roadway.

Vehicle 1 rotated counterclockwise 180 degrees from its original heading, and came to final rest, facing west. The PDOF for this impact is estimated to have been 280 degrees with a CDC of 09LBEW2.

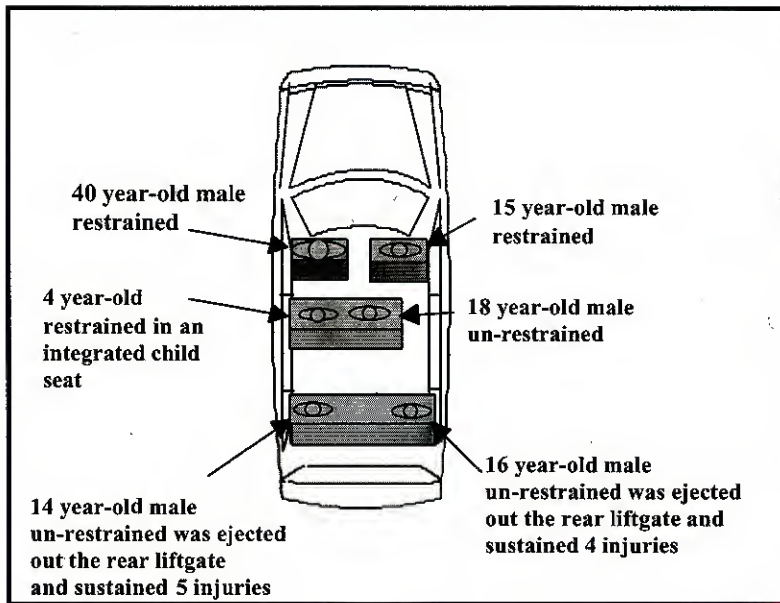
After impact, Vehicle 2 continued in a counterclockwise rotation and headed west. Vehicle 2 rotated approximately 100 degrees and came to final rest, facing west.

There were a total of six occupants in Vehicle 1 as shown in Figure 1 .

The driver of Vehicle 1 was wearing the available manual lap/shoulder restraint. He complained of pain to his left knee from striking the instrument panel.

The right front occupant of Vehicle 1, a fifteen year old male, was wearing the available manual lap/shoulder restraint. He did not sustain any injuries.

The left center occupant of Vehicle 1, a four year old male was restrained in the child seat that is integrated into the bench seat. He sustained a bruise to his forehead, possibly from contact with the unrestrained occupant seated to his right.



**Figure 1. Vehicle 1 Occupant Seating Positions**

The right center occupant of Vehicle 1, an eighteen year old male was not restrained. He did not sustain any injuries.

The left rear occupant of Vehicle 1, a fourteen year old male, was not wearing the available lap restraint. The impact forces moved the left rear occupant into the left rear side window. He struck it with his head and shattered it on impact. The counterclockwise rotational forces, and the rear seat unlatching threw him about the left rear interior of the vehicle. When the rear liftgate opened, and the latches on the rear seat released, the left rear occupant was ejected out onto the roadway along with the seat. This action resulted in a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion to the left knee; maximum AIS =1.

The right rear occupant of Vehicle 1, a sixteen year old male, was not wearing the available lap restraint. When the rear liftgate opened, the right rear occupant was ejected out onto the roadway along with the seat. The following injuries resulted: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder; maximum AIS=1.

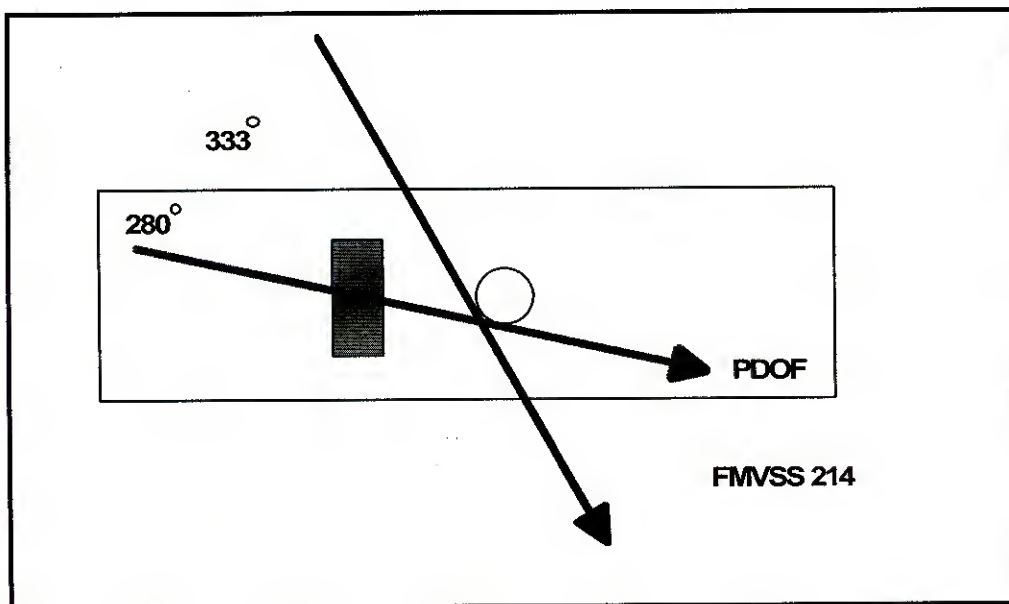
Both vehicles were towed from the scene. Vehicle 1 was towed as a result of the possible brake failure, the driver did not feel that it was safe to continue driving Vehicle 1. The PAR indicated no defects to the vehicle.



Upon inspection of the case vehicle, it was found that Vehicle 1 sustained minor damage to the left rear corner, including the corner of the rear bumper. The liftgate did not sustain any direct contact damage, and it did not buckle. It was contacted by the left rear rubber bumper guard, and it pushed the liftgate laterally to the right.

It is the opinion of the investigator that the left rear bumper corner was deformed on impact. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to move from the post and the rear liftgate opened. As Vehicle 1 was in the counterclockwise rotation the liftgate swung open. This coupled with the failure of the seat latching anchors, caused the rear seat and both rear occupants to be ejected through the rear liftgate area when Vehicle 1 came to a stop at final rest.

The following diagram describes the forces which acted upon the latching mechanism on the rear liftgate during the collision as compared to forces which act on the liftgate during FMVSS 214 testing.



*This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, under contract number DTNH22-94-D-27058. The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the NHTSA.*

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*The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.*

*Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.*

**DYNAMIC SCIENCE, INC.**  
**ACCIDENT INVESTIGATION**  
**CASE NUMBER: DSI-94-SP-024**

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**ACCIDENT DATA:**

**Location:**  
**Area/Type:** Urban/Commercial  
**Date/Time:** Winter Weekday/Early evening  
**Accident Type:** Car/Van Angle-Intersection

**INJURY SEVERITY:**

**Vehicle 1:**  
Driver, None  
R/F Occupant, None  
L/Center Occupant, AIS-1  
R/Center Occupant, None  
L/R Occupant, AIS-1  
(case occupant)  
R/R Occupant, AIS-1  
(case occupant)

**AMBIENCE:**

**Viewing Conditions:** Early evening, dark with no viewing restrictions  
**Cloud Cover:** Clear  
**Precipitation:** None  
**Temperature:** Unknown  
**Road Surface:** Dry

**ROADWAY:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Type:</b>	2-Lane, undivided	2-Lane, undivided
<b>Width:</b>	6.4 m (21 ft)	6.7 m (22 ft)
<b>Traffic Density:</b>	Moderate	Moderate
<b>Median:</b>	None	None
<b>Edge:</b>	Grass downward sloped	Grass downward sloped
<b>Surface:</b>	Concrete	Concrete
<b>Reported Defects:</b>	None	None
<b>Co-efficient of Friction (est.):</b>	0.65	0.65
<b>Vertical Alignment:</b>	Level	Level
<b>Horizontal Alignment:</b>	Straight	Straight

**TRAFFIC CONTROLS:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Signals:</b>	None	None
<b>Signs:</b>	Standard stop sign	None
<b>Speed Limit:</b>	64 KPH (40 MPH)	64 KPH (40 MPH)
<b>Markings:</b>	Double solid yellow lines separates east and west opposing traffic lanes.	Double solid yellow lines separates north and southbound opposing traffic lanes. Solid white edge lines.

**VEHICLES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Description:</b>	1987 Plymouth Voyager (SE)	1995 Saturn, per V.I.N.
<b>Odometer:</b>	223,752 km (139,037 mi)	Unknown - not inspected
<b>Engine:</b>	3.0 L	1.9 L / L4, per V.I.N.
<b>Vehicle Modifications:</b>	None	Unknown - not inspected
<b>Tire Condition:</b>	Excellent tread, no unusual thread pattern	Unknown - not inspected
<b>Manual Restraints:</b>	3-point lap/shoulder restraints at L/F, R/F front seat positions. 2-point lap restraint at L/C seating position, R/C seating position 2-point lap restraint removed. Center bench seat has available an integrated 5-point harness child seat. R/R, C/R, L/R 2-point lap restraints.	Unknown - not inspected
<b>Automatic Restraints:</b>	None	Supplemental Restraint System (Driver's side air bag), per V.I.N.
<b>Reported Defects:</b>	None	None
<b>Cargo:</b>	None	Unknown - not inspected
<b>Windshield Damage:</b>	None	Unknown - not inspected
<b>Fleet:</b>	None	None

**Case DSI-95-SP-024**

**Tow Status:**

Towed due to perceived  
brake failure by driver of  
Vehicle 1

Towed due to damage

**VEHICLE DAMAGE:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Object Struck:</b>	Vehicle 2	Vehicle 1
<b>Event Number:</b>	01	01
<b>CDC:</b>	09LBEW2	Unknown - not inspected
<b>Maximum Crush:</b>	CDC crush extent zone 2	Unknown - not inspected

**VEHICLE VELOCITY ESTIMATES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Impact Speed (estimated):</b>	32 KPH (20 MPH) per police	64 KPH (40 MPH) per police
<b>Total Delta V:</b>	5 KPH (3 MPH)	5 KPH (3 MPH)
<b>Longitudinal Delta V:</b>	-1 KPH (-1 MPH)	-4 KPH (-2 MPH)
<b>Lateral Delta V:</b>	5 KPH (3 MPH)	-2 KPH (-2 MPH)
<b>Energy Dissipation:</b>	1887.6 NT-M 1392.4 FT-LBS	3885.1 NT-M 2865.8 FT-LBS

**Calculations based upon:**

The Delta V(s) (velocity changes) were computed by the missing vehicle algorithm, OLDMISS PC program.



## **COLLISION SEQUENCE:**

### **Pre-Crash:**

This two vehicle angle type collision occurred during the early evening hours of a winter weekday at a four-leg intersection. The roadway is an asphalt, straight and level surface in an urban/commercial zone. The weather was clear, there were no weather related viewing restrictions and the road surface was dry and free of defects. The traffic density is moderate and the posted speed limit was 64 KPH (40 MPH). The intersection is controlled by standard stop signs for east and westbound traffic.

The north travel lane is separated by double painted yellow lines from the south travel lane, and is 6.7 m (22 ft) in width. The north and south roadway has an estimated coefficient of friction of 0.65. The travel lanes for east and west traffic measures 6.4 m (21 ft) in width and consist of 1 eastbound travel lane separated by double painted yellow lines from 1 westbound travel lane. The east and west roadway has an estimated coefficient of friction of 0.65.

Vehicle 1, the case vehicle, a 1994 Plymouth Voyager (SE), driven by a 40 year old male was travelling westbound approaching the intersection. At a police reported speed of 32 KPH (20 MPH), the vehicle was beginning to brake for the stop at the intersection.

Vehicle 2, a 1995 (per the V.I.N.) Saturn, driven by a 20 year old male was travelling northbound approaching the intersection. At a police reported speed of 64 KPH (40 MPH).

The driver of Vehicle 1 stated that he applied the brakes to stop, and although Vehicle 1 began to decelerate, it was not braking in a normal fashion. The driver of Vehicle 1 realized that his brakes were failing and he was about to attempt to engage the emergency brake lever, when he realized that he was almost in the middle of the intersection and that Vehicle 2 was rapidly approaching him. The driver of Vehicle 1 accelerated in an effort to avoid the collision.

At the same time, the driver of Vehicle 2 saw Vehicle 1 enter the intersection directly in front of him. In an effort to avoid the collision, the driver of Vehicle 2 braked and began to steer to the left.

### **Crash:**

The front bumper of Vehicle 2 struck the left rear corner of Vehicle 1. A CDC of 09LBEW2 with a PDOF of 280 degrees was assigned to Vehicle 1. Direct damage width was measured at 64.7 cm (25.5 in). The maximum crush depth was estimated to be a CDC extent zone 2.

Vehicle 2 was not inspected. Although crush was minor to Vehicle 1, as a result of the impact-induced deceleration, the threshold of the manufacture's supplemental restraint system was exceeded in Vehicle 2 and the driver's air bag deployed.

**Post Crash:**

As a result of the rapid acceleration by the driver of Vehicle 1 to avoid the collision and the impact forces generated by the collision with Vehicle 2, Vehicle 1 went into a counterclockwise rotation. Upon impact with the bumper of Vehicle 2, the left rear corner of Vehicle 1 was deformed. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to release from the post and the rear liftgate opened.

At the same time, the rear seat latching anchors released the rear seat. There was no indication of damage to the seat latches. It is possible that the rear seat had not been securely fastened prior to this incident. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown around in Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat, along with both rear occupants, fell out of the vehicle.

Vehicle 1 rotated 180 degrees counterclockwise and came to final rest, facing east.

Vehicle 2 continued in a counterclockwise rotation and came to final rest, facing in a south-westerly direction.

**Occupant Kinematics:**

The driver was wearing the available lap/shoulder restraint. On impact with Vehicle 2 his legs were moved forward and upward into the instrument panel. The driver of Vehicle 1 complained of pain to his left knee, but did not sustain any injuries to them and he did not seek any medical treatment.

The right front occupant, was wearing the lap/shoulder restraint. There was no physical evidence to indicate that he had contacted the instrument panel. He was not injured.

The left center occupant was restrained on the integrated child seat of the bench seat. On impact with Vehicle 2, the left center occupant moved laterally towards the left side of the vehicle, but he was secured by a five point restraint system of the child seat. The right center occupant, was seated unrestrained on the bench seat. On impact with Vehicle 2 he moved laterally to the left and collided with the forehead of the left center occupant. After impact, and as a result of the counterclockwise rotation, the right center occupant moved back to the right side of the vehicle.

**Case DSI-95-SP-024**

He did not claim any injuries. The left center occupant did sustain a contusion to his forehead as a result of the collision with the right center occupant, and received medical treatment three days later at a medical clinic.

The left and right rear occupants were restrained by the available lap restraints, according to the driver. The police report indicates that they were not wearing the lap restraints. There is extensive damage to the molding on the left rear interior surface which indicates that they were not restrained. There were several cracks to the molding ranging from 6.4 cm (2.5 in) long to 51.0 cm (20.0 in) long. The impact with Vehicle 2 threw the left rear occupant laterally to the left and he struck the rear left side window glass with his head, causing it to disintegrate. The right rear occupant may have also collided with the left rear occupant, pushing him further up against the left side interior surface.

After impact, the centrifugal forces, and the failure of the rear bench seat latches, caused the front of the rear bench seat to swing up and completely disengage from the front anchors. As Vehicle 1 continued in a counterclockwise rotation both rear occupants were being thrown about the left side of Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat and both rear occupants were ejected out of the rear liftgate onto the roadway.

The left rear occupant sustained moderate injuries consisting of a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion left knee. The right rear occupant sustained the following injuries: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder.

**Supplemental Restraint System:**

The case vehicle, the 1987 Plymouth Voyager (SE) is not equipped with a supplemental restraint system and the 1995 Saturn was not inspected.

**Scene Clearance:**

Vehicle 1 sustained minor damage. The driver of Vehicle 1 was apprehensive about driving Vehicle 1 with faulty brakes. Vehicle 1 was towed from the scene to his residence. The PAR indicates that Vehicle 2 was towed from the scene.

**Safety Standards:**

There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspection of Vehicle 1.

**DRIVER AND OTHER OCCUPANTS:****VEHICLE 1**

	<b>DRIVER</b>	<b>OCCUPANT 2</b>
<b>Age/Sex:</b>	40 year old/male	15 year old/male
<b>Seated Position:</b>	Left front	Right front
<b>Seat Type:</b>	Bucket	Bucket
<b>Height:</b>	180.0 cm (71.0 in)	168.0 cm (66.0 in)
<b>Weight:</b>	71 kg (157 lb)	54 kg (120 lb)
<b>Occupation:</b>	Unknown	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Alcohol/Drug Involvement:</b>	None/None	N/A
<b>Driving Experience:</b>	Unknown	Unknown
<b>Body Posture:</b>	Normal upright	Normal upright per the driver
<b>Hand Position:</b>	10 & 2 o'clock positions	Unknown
<b>Foot Position:</b>	On floorboard with the right foot on the accelerator	Unknown
<b>Restraint Usage:</b>	Lap/shoulder restraint	Lap/shoulder restraint
<b>Additional Occupants:</b>	5	

**DRIVER AND OTHER OCCUPANTS (cont.):****VEHICLE 1**

	<b>OCCUPANT 3</b>	<b>OCCUPANT 4</b>
<b>Age/Sex:</b>	4 year old/male	18 year old/male
<b>Seated Position:</b>	Left center	Right center
<b>Seat Type:</b>	Bench	Bench
<b>Height:</b>	94.0 cm (37.0 in)	178.0 cm (70.0 in)
<b>Weight:</b>	18 kg (40 lb)	58 kg (127 lb)
<b>Occupation:</b>	Minor child	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Body Posture:</b>	Seated in an integrated child safety seat	Unknown
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Unknown	Unknown
<b>Restraint Usage:</b>	5-point harness of integrated child safety seat	None

**DRIVER AND OTHER OCCUPANTS (cont.) :**

**VEHICLE 1**

	<b>OCCUPANT 5</b>	<b>OCCUPANT 6</b>
<b>Age/Sex:</b>	14 year old/male	16 year old/male
<b>Seated Position:</b>	Left rear	Right rear
<b>Seat Type:</b>	Bench	Bench
<b>Height:</b>	183.0 cm (72.0 in)	185.0 cm (73.0 in)
<b>Weight:</b>	52 kg (115 lb)	58 kg (127 lb)
<b>Occupation:</b>	Student	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Body Posture:</b>	Normal upright	Normal upright
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Unknown	Unknown
<b>Restraint Usage:</b>	None	None

**DRIVER AND OTHER OCCUPANTS :**

**VEHICLE 2**

**DRIVER**

<b>Age/Sex:</b>	20 year old/male
<b>Seated Position:</b>	Left Front
<b>Seat Type:</b>	Unknown
<b>Height:</b>	Unknown
<b>Height:</b>	Unknown
<b>Occupation:</b>	Unknown
<b>Pre-existing Medical Condition:</b>	Unknown
<b>Alcohol/Drug Involvement:</b>	N/A
<b>Driving Experience:</b>	Unknown
<b>Body Posture:</b>	Unknown
<b>Hand Position:</b>	Unknown
<b>Foot Position:</b>	Unknown
<b>Restraint Usage:</b>	Supplemental Restraint System, per traffic collision report
<b>Additional Occupant:</b>	None

**INJURIES:****Vehicle 1**

	<b>INJURY</b>	<b>AIS/OIC CODE</b>	<b>ICD-9</b>	<b>SOURCE</b>
<b>DRIVER:</b>	None			
<b>R/F Occupant:</b>	None			
<b>L/C Occupant:</b>	Contusions to forehead	290402.1,7	920.00	R/C occupant
<b>R/C Occupant:</b>	Not injured			
<b>L/R Occupant:</b>	Closed head injury	115099.7,0	850.9	Left side window glass
	Cervical strain	640278.1,6	847.0	Left window area
	Lumbar strain	640678.1,8	847.2	Left window area
	Contusion left shoulder	790402.1,2	923.00	Left window area
	Contusion left knee	890402.1,2	924.11	Left window area
<b>R/R Occupant:</b>	Closed head injury	115099.7,0	850.9	Left window area
	Cervical strain	640278.1,6	847.0	Left widow area
	Sprain left shoulder	751020.1,2	840.9	Left window area
	Contusion left shoulder	751210.1,2	923.00	Left window area



### Abbreviations Used In Narrative, Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB North,	Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

## PHOTO INDEX

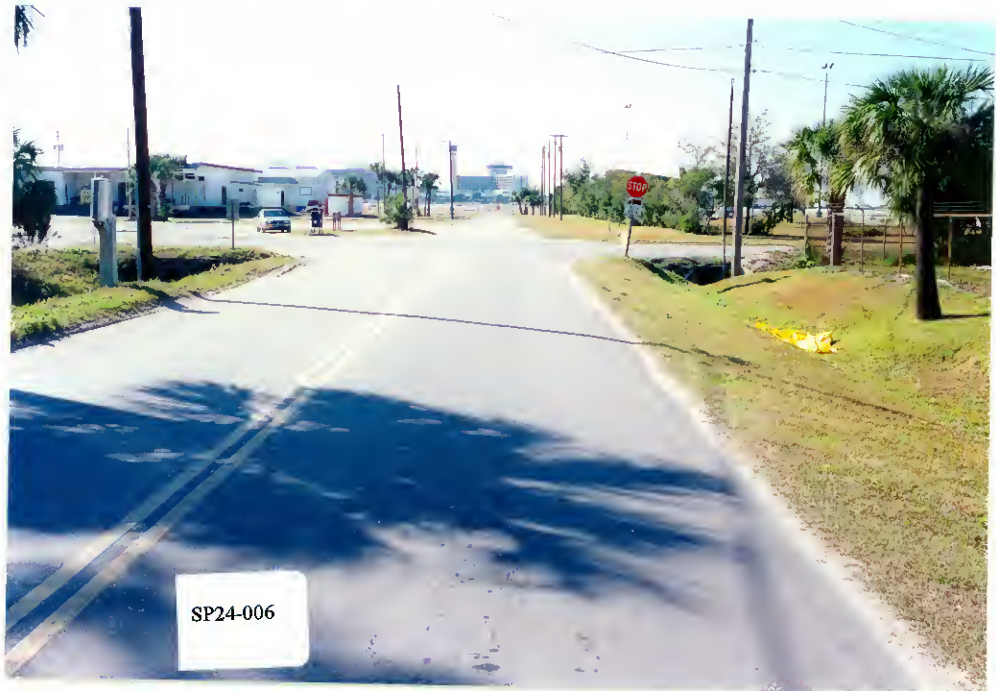
Case No. DSI-95-SP-024

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1-3	01	West	Direction of travel towards impact area.
4	01	West	Impact area.
5-6	01	Westerly	Counterclockwise rotation
7	01	East	Final rest area
8	01	West	Final rest area
9	01	East	Opposite direction of travel
10-11	02	North	Direction of travel
12	02	North-west	Impact area
13	02	West	Counterclockwise rotation
14	02	West	Final rest area
15	02	South	Opposite direction of travel
16-34	01		Exterior damage
35-44	01		Interior
45-50	01		Damaged left rear area
51-53	01		Rear seat anchors
54-56	01		Rear liftgate post
57-62	01		Rear liftgate latch
63-66	01		Rear seat
67-72	01		Port latches of rear seat
73-78	01		Starboard latches of rear seat























SP24-015



SP24-016

























































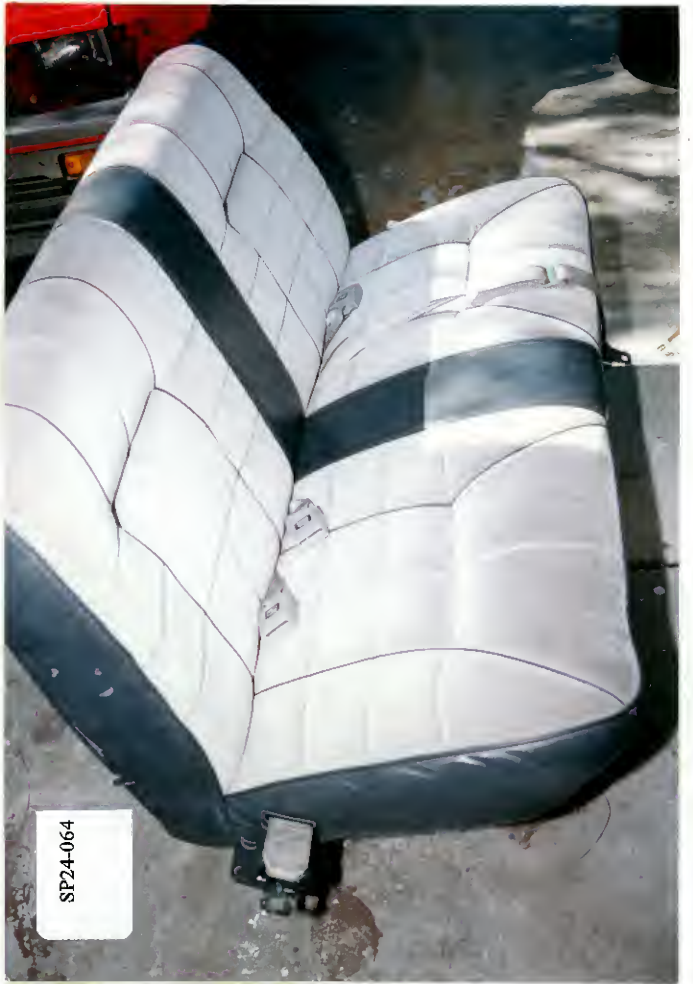
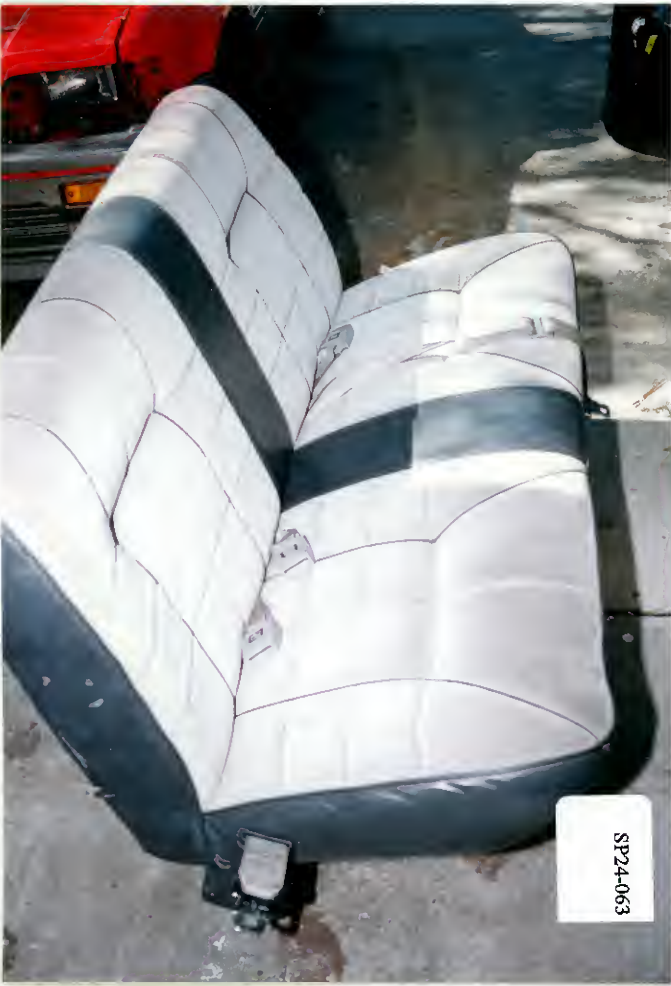






























## SLIDE INDEX

Case No. DSI-95-SP-024

SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1-4	01	West	Direction of travel towards impact area
5	01	West	Impact area
6-7	01	Westerly	Counterclockwise rotation
8	01	East	Final rest area
9	01	North-West	Opposite direction of final rest area
10	01	East	Opposite direction of travel
11-12	02	North	Direction of travel towards impact area
13	02	North-West	Impact area
14	02	West	Counterclockwise rotation
15	02	West	Final rest area
16	02	South	Opposite direction of travel
17-34	01		Exterior of Vehicle
35-43	01		Interior of Vehicle
44-51	01		Damaged left rear area
52-55	01		Rear seat anchors
56-59	01		Rear liftgate post
60-63	01		Rear liftgate latch
64-65	01		Rear bench seat
66-71	01		Rear bench seat starboard latches
72-77	01		Rear bench seat port latches



CASE NUMBER DS955P024

# MISSING SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER(S)

1-77

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## ACCIDENT FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum DST-95-SP-24

## IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 024. Date of Accident WINTER WEEKDAY  
(Month, Day, Year) \_\_\_\_\_ / \_\_\_\_\_ / 9 45. Time of Accident EARLY EVENING HOURS

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that  
has been completed; code 1 for the checked special  
studies and 0 for the special studies not checked.6. 0 SS15 Administrative Use 07. 0 SS16 Pedestrian Crash Data Study 08. 0 SS17 Impact Fires 09. 0 SS18 \_\_\_\_\_ 010. 0 SS19 \_\_\_\_\_ 0

## NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 01Code the number of events which occurred  
in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other  
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>01</u>	14. <u>13</u>	15. <u>L</u>	16. <u>02</u>	17. <u>02</u>	18. <u>F</u>
19. <u>0</u> <u>2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0</u> <u>3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0</u> <u>4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0</u> <u>5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

### TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) — Vehicle Number

#### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): \_\_\_\_\_

(35) Noncollision injury \_\_\_\_\_

(38) Other noncollision (specify): \_\_\_\_\_

(39) Noncollision — details unknown \_\_\_\_\_

#### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): \_\_\_\_\_

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): \_\_\_\_\_

(69) Unknown fixed object \_\_\_\_\_

#### Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant \_\_\_\_\_

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): \_\_\_\_\_

(89) Unknown nonfixed object \_\_\_\_\_

(98) Other event (specify): \_\_\_\_\_

(99) Unknown event or object \_\_\_\_\_

National Highway Traffic Safety  
Administration

## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI - 95 - SP - 243. Vehicle Number 01

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 87  
Code the last two digits of the model year  
(99) Unknown5. Vehicle Make (specify): 09  
PLYMOUTH  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown6. Vehicle Model (specify): 442  
VOYAGER (SE)  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown7. Body Type 20  
Note: Applicable codes may be found on  
the back of this page.8. Vehicle Identification Number  
2P4FH4135HRXXXXXX  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown10. Police Reported Travel Speed 032  
Code to the nearest kph (NOTE: 000 means  
less than 0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown20 mph X 1.6093 = 032 kph11. Police Reported Alcohol Presence 0  
(0) No alcohol present  
(1) Yes (alcohol present)  
(7) Not reported  
(8) No driver present  
(9) UnknownNote: See variables 37 through 55  
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96  
Code actual value (decimal implied  
before first digit—0.xx)  
(95) Test refused  
(96) None given  
(97) AC test performed, results unknown  
(98) No driver present  
(99) Unknown

Source: \_\_\_\_\_

## ACCIDENT RELATED

13. Speed Limit 064  
(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown20 mph X 1.6093 = 064 kph14. Attempted Avoidance Maneuver 10  
(01) No avoidance actions  
(02) Braking (no lockup)  
(03) Braking (lockup)  
(04) Braking (lockup unknown)  
(05) Releasing brakes  
(06) Steering left  
(07) Steering right  
(08) Braking and steering left  
(09) Braking and steering right  
(10) Accelerating  
(11) Accelerating and steering left  
(12) Accelerating and steering right  
(97) No driver present  
(98) Other action (specify):  
(99) Unknown15. Accident Type 09  
Applicable codes may be found on the  
back of page two of this field form  
(00) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
(99) Unknown

\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type



**OCCUPANT RELATED**

16. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
17. Number of Occupants This Vehicle 16  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
18. Number of Occupant Forms Submitted 16

**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight 1,350  
 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
2,972 lbs X .4536 = 1,348 kgs  
 Source: \_\_\_\_\_
20. Vehicle Cargo Weight 0  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**RECONSTRUCTION DATA**

21. Towed Trailing Unit 0  
 (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0  
 (0) No  
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0  
 (0) Not collision (for highest delta V) with tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted < 45 degrees  
 (4) Tilted ≥ 45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

24. Rollover 0  
 (0) No rollover (no overturning)

*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only  
 (2) Rollover, 2 quarter turns  
 (3) Rollover, 3 quarter turns  
 (4) Rollover, 4 or more quarter turns (specify): \_\_\_\_\_

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (9) Rollover (overturn), details unknown

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

25. Front Override/Underride (this Vehicle) 0

26. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact

*Override (see specific CDC)*

- (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify): \_\_\_\_\_

*Underride (see specific CDC)*

- (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify): \_\_\_\_\_

- (7) Medium/heavy truck or bus override  
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

27. Heading Angle For This Vehicle 27 0  
 28. Heading Angle For Other Vehicle 33 9

98 Other Accident Type  
99 Unknown Accident Type  
00 No Impact

## 29. Basis for Total Delta V (highest)

3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

*Delta V Not Calculated*

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

**COMPUTER GENERATED DELTA V**

## 30. Total Delta V

Highest

4.79 phi phi 54.79 Nearest kph (highest)

\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means less than  
0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown

31. Longitudinal Component of  
Delta V+ phi phi 1- .83 Nearest kph (highest)

\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means greater than  
-0.5 kph and less than +0.5 kph)  
(± 160) ± 159.5 kph and above  
( 999) Unknown

## 32. Lateral Component of Delta V

Highest

+ phi phi 54.71 Nearest kph (highest)

\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means greater than  
-0.5 kph and less than +0.5 kph)  
(± 160) ± 159.5 kph and above  
( 999) Unknown

## 33. Energy Absorption

phi phi 1.9001,887.6 Nearest 100 joules (highest)

\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
(9997) 999,650 joules or more  
(9999) Unknown

34. Confidence In Reconstruction Program  
Results (For Highest Delta V)1

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

## 35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):  
\_\_\_\_\_

## 36. Is this an AOPS Vehicle?

phi

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? ☒ YES [ ] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? ☒ YES [ ] NO

37. Police Reported Other Drug Presence ☒

- (0) No other drug(s) present  
 (1) Yes [other drug(s) present]  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ☒

- (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver ☒

- (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
 \_\_\_\_\_  
 (7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

## DRUG EVALUATION CLASSIFICATION

### OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

## Codes For DEC Test Results

- (0) No DEC test given  
 (1) Passed DEC test  
 (2) Failed DEC test  
 (3) DEC test given—results unknown  
 (8) No driver present  
 (9) Unknown if DEC test given

## Codes for Specimen Test Results

- (0) No specimen test given  
 (1) Drug not found in specimen  
 (2) Drug found in specimen  
 (7) Specimen test given, results unknown or  
not obtained  
 (8) No driver present  
 (9) Unknown if specimen test given



## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover  
(01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over  
(33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
(51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
(52) Pole or post ( $> 30$  cm in diameter)  
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier  
(55) Impact attenuator  
(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport  
(76) Animal  
(77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

**OTHER DATA**

## 56. Driver's Zip Code

- (00000) Driver not present  
(00001) Driver not a resident of U.S. or territories  
Code actual 5-digit zip code  
(99999) Unknown

## 57. Driver's Race/Ethnic Origin

- (0) Driver not present  
(1) White (non-Hispanic)  
(2) Black (non-Hispanic)  
(3) White (Hispanic)  
(4) Black (Hispanic)  
(5) American Indian, Eskimo or Aleut  
(6) Asian or Pacific Islander  
(8) Other (specify):  
(9) Unknown

## 58. Vehicle Special Use (This Trip)

- (0) No special use  
(1) Taxi  
(2) Vehicle used as school bus  
(3) Vehicle used as other bus  
(4) Military  
(5) Police  
(6) Ambulance  
(7) Fire truck or car  
(8) Other (specify):  
(9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
If GV24 = 9, then GV59-GV63 must equal 9.

## 59. Rollover Initiation Type

- (0) No rollover  
(1) Trip-over  
(2) Flip-over  
(3) Turn-over  
(4) Climb-over  
(5) Fall-over  
(6) Bounce-over  
(7) Collision with another vehicle  
(8) Other rollover initiation type specify):  
(9) Unknown rollover initiation type

## 60. Location of Rollover Initiation

- (0) No rollover  
(1) On roadway  
(2) On shoulder—paved  
(3) On shoulder—unpaved  
(4) On roadside or divided trafficway median  
(9) Unknown

## 61. Rollover Initiation Object Contacted

## 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify):

## (8) Non-contact rollover forces (specify):

## (9) Unknown

## 63. Direction of Initial Roll

- (0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(5) End-over-end (i.e., primarily about the lateral axis)  
(9) Unknown roll direction

**PRECRAASH DATA**

## 64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight  
(02) Slowing or stopping in traffic lane  
(03) Starting in traffic lane  
(04) Stopped in traffic lane  
(05) Passing or overtaking another vehicle  
(06) Disabled or parked-in travel lane  
(07) Leaving a parking position  
(08) Entering a parking position  
(09) Turning right  
(10) Turning left  
(11) Making a U-turn  
(12) Backing up (other than for parking position)  
(13) Negotiating a curve  
(14) Changing lanes  
(15) Merging  
(16) Successful avoidance maneuver to a previous critical event  
(97) Other (specify):  
(98) No driver present  
(99) Unknown

## PRECRASH DATA (Continued)

## 65. Critical Precrash Event

1 7*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): \_\_\_\_\_

(99) Unknown \_\_\_\_\_

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

## 66. Precrash Stability After Avoidance Maneuver

1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

## 67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

**National Highway Traffic Safety  
Administration**

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number _____ 2. Case Number - Stratum <u>DSI-95-SP-24</u>		3. Vehicle Number <u>Φ 1</u>
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## VEHICLE IDENTIFICATION

VIN 2P4FH4135HR ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ Model Year 87  
Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): VOYAGER (SE)

## LOCATOR

**Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.**

Specific Impact No.	Location of Direct Damage	Location of Field L
①	LR R-PANEL	BEGINS @ LR BUMPER CORNER

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure and document on the vehicle diagram the location of maximum crush.**

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

[illegible]



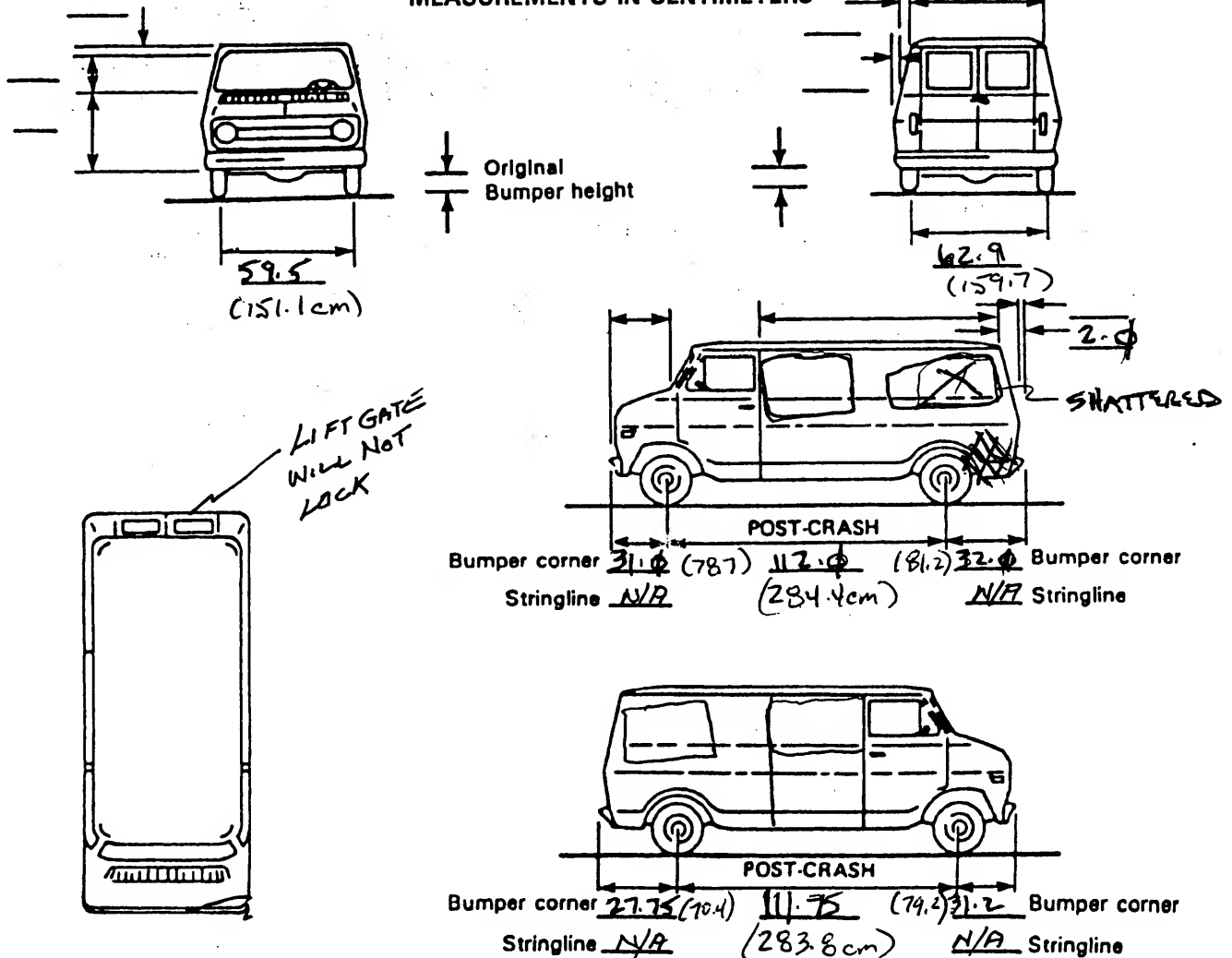
# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>1</u> <u>2.2</u> inches	x 2.54 =	<u>2</u> <u>8</u> <u>5</u> cm
Overall Length	<u>1</u> <u>7</u> <u>6.0</u> inches	x 2.54 =	<u>4</u> <u>4</u> <u>7</u> cm
Maximum Width	<u>1</u> <u>6</u> <u>9.7</u> inches	x 2.54 =	<u>1</u> <u>7</u> <u>7</u> cm
Curb Weight	<u>2</u> <u>9</u> <u>7</u> <u>2</u> pounds	x .4536 =	<u>1</u> <u>3</u> <u>4</u> <u>8</u> kg
Average Track	<u>N/A</u> inches	x 2.54 =	<u>N/A</u> cm
Front Overhang	<u>3</u> <u>1</u> <u>.9</u> inches	x 2.54 =	<u>8</u> <u>1</u> cm
Rear Overhang	<u>2</u> <u>9</u> <u>.9</u> inches	x 2.54 =	<u>7</u> <u>6</u> cm
Undeformed End Width	<u>N/A</u> inches	x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>3</u> <u>0</u> <u>0</u> <u>0</u> cc	x .001 =	<u>3</u> <u>.0</u> L
	<u>1</u> <u>8</u> <u>3</u> CID	x .0164 =	<u>3</u> <u>.0</u> L

# VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	285 cm	RF ±	°
RF <u>2</u>	RF <u>2</u>	Overall Length	447 cm	LF ±	°
LF <u>2</u>	LF <u>2</u>	Maximum Width	177 cm	RR ±	°
RR <u>2</u>	RR <u>2</u>	Curb Weight	1348 kg	LR ±	°
LR <u>2</u>	LR <u>2</u>	Average Track	N/A cm	Within ± 5 degrees	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	81 cm	DRIVE WHEELS	
		Rear Overhang	78 cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION		Undeformed End Width	N/A cm	Approximate Cargo Weight <u>0</u> kg	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Engine Size: cyl./displ.	13.0 L		

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

## CDC WORKSHEET

**CODES FOR OBJECT CONTACTED**

(01-30) — Vehicle Number

### Noncollision

- (31) Overturn — rollover  
(32) Fire or explosion  
(33) Jackknife  
(34) Other intraunit damage (specify):

**(35) Noncollision injury**

(38) Other noncollision (specify):

**(39) Noncollision — details unknown**

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

**(45) Breakaway pole or post (any diameter)**

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
 (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
 (52) Pole or post ( $> 30$  cm in diameter)  
 (53) Pole or post (diameter unknown)

**(54) Concrete traffic barrier**

**(55) Impact attenuator**

(56) Other traffic barrier (includes guardrail)  
(specify):

**(57) Fence**

(58) Wall

**(59) Building**

(60) Ditch or culvert

(61) Ground

**(62) Fire hydrant**

**(63) Curb**

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport  
(72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

**(76) Animal**

**(77) Train**

**(78) Trailer, disconnected in transport**

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

**(98) Other event (specify):**

(99) Unknown event or object

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. $\phi 1$	5. $\phi 2$	6. $\phi 9$	7. $L$	8. $B$	9. $E$	10. $W$	11. $\phi 2$

## Second Highest Delta "V"

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. L	21. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ±D
$\phi 65$	$\phi 1 \phi$	$\phi \phi \phi$	_____	_____	_____	_____	$\phi 11 \phi$

## Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Are CDCs Documented but Not Coded on The Automated File?

(0) No  
(1) Yes

$\phi$

27. Researcher's Assessment of Vehicle Disposition

(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

$\phi$

28. Original Wheelbase 285  
Code to the nearest centimeter  
(999) Unknown

112.2 inches X 2.54 = 285 centimeters



29. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention  
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): \_\_\_\_\_

(9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

34. Fuel Tank-1 Location

35. Fuel Tank-2 Location

(0) No fuel tank

(1) Aft of center of the rear wheels (rear axle)  
centered

(2) Aft of center of the rear wheels (rear axle) left  
side

(3) Aft of center of the rear wheels (rear axle)  
right side

(4) Forward of center of the rear wheels (rear  
axle) centered

(5) Forward of center of the rear wheels (rear  
axle) left side

(6) Forward of center of the rear wheels (rear  
axle) right side

(7) Over center of the rear wheels (rear axle)

(8) Other (specify): \_\_\_\_\_

(9) Unknown

36. Fuel Tank-1 Filler Cap Location

37. Fuel Tank-2 Filler Cap Location

(0) No fuel tank

(1) On back plane

(2) Aft of center of the rear wheels (rear axle) on  
left side plane

(3) Aft of center of the rear wheels (rear axle) on  
right side plane

(4) Forward of center of the rear wheels (rear  
axle) on left side plane

(5) Forward of center of the rear wheels (rear  
axle) on right side plane

(6) Over the center of the rear wheels (rear axle)  
on left side plane

(7) Over the center of the rear wheels (rear axle)  
on right side plane

(8) Other (specify): \_\_\_\_\_

(9) Unknown

38. Fuel Tank-1 Damage

39. Fuel Tank-2 Damage

(0) No fuel tank

(1) No damage to fuel tank

(2) Deformed, no seam failure

(3) Deformed, with a seam failure

(4) Punctured

(5) Lacerated (ripped)

(6) Abraded (scraped)

(7) Filler neck separation from the fuel tank

(8) Other damage (specify): \_\_\_\_\_

(9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

0

(0) No fuel tank

(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): \_\_\_\_\_

(9) Unknown

42. Fuel Type-1

01

43. Fuel Type-2

00 0*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank \_\_\_\_\_

Tank location \_\_\_\_\_

Filler cap location \_\_\_\_\_

Tank damage \_\_\_\_\_

Location of leakage \_\_\_\_\_

Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

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\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

National Highway Traffic Safety  
Administration

## INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 41

## INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

98

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door) ☒

(04) Roof

(05) Roof glass

(06) Side window ☒

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

03 & 06

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch  
Opening in Collision. If IV05-IV09  $\neq$  2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 2

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,  
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

## GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 020. BL 0 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from  
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 028. BL 0 29. Roof 0 30. Other 6

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant  
contact and not holed by occupant contact(5) Glazing out-of-place by occupant contact and holed by  
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No  
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 036. BL 0 37. Roof 0 38. Other 2

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 044. BL 0 45. Roof 0 46. Other 2

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left	Right
F I R S T	Availability/Function	⊕	⊕
	Deployment	⊕	⊕
	Failure	⊕	⊕

#### Air Bag System Availability/Function

- (0) Not equipped/not available  
(1) Air bag

#### Non-functional

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled

- (9) Unknown

#### Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

#### Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): \_\_\_\_\_

- (9) Unknown

### AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	⊕	⊕
	Use	⊕	⊕
	Type	⊕	⊕
	Proper Use	⊕	⊕
	Failure Modes	⊕	⊕

#### Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

#### Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

#### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

#### Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

#### Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

#### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_

- (9) Unknown

#### Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor

- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other automatic belt failure (specify): \_\_\_\_\_

- (9) Unknown



## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	2					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	11					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
INTEGRATE INTO SEAT
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

### 5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

### 6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

---



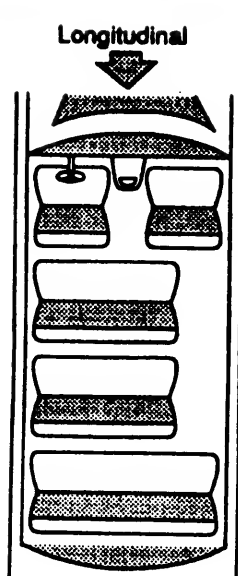
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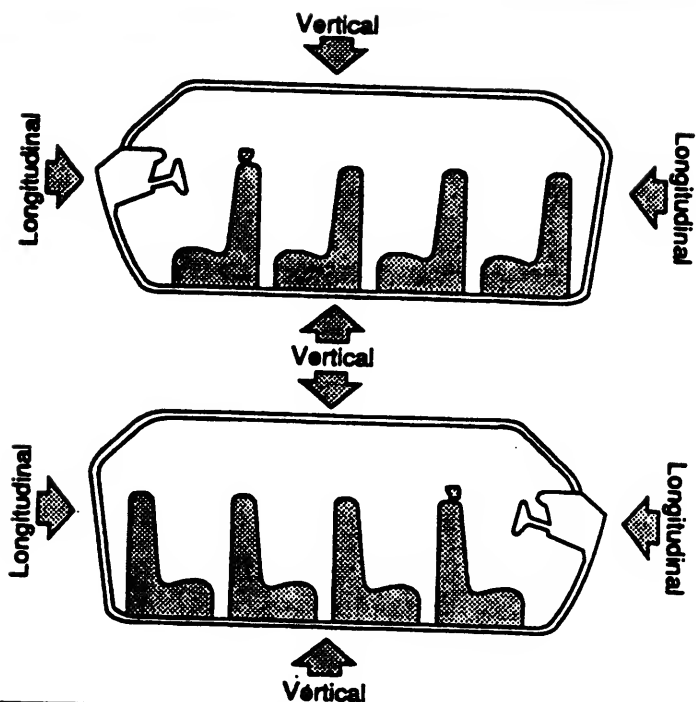
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Row  
Width  
(cm)

**Longitudinal**



**Document no more than the 15 most severe intrusions**

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): \_\_\_\_\_

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

**STEERING RIM/SPOKE DEFORMATION**

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

Ø	—	Ø	=	Ø
---	---	---	---	---

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

**STEERING COLUMN**

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

## 88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

## 89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

0 0

## 93. Location of Steering Rim/Spoke Deformation

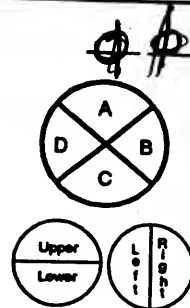
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D

## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

**INSTRUMENT PANEL**

## 94. Odometer Reading

224,000

\_\_\_\_\_ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

139.037 miles X 1.6093 = 223.752 kilometers

Source: \_\_\_\_\_

## 95. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

0

## 96. Knee Bolsters Deformed from Occupant Contact?

- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

8

## 97. Did Glove Compartment Door Open During Collision(s)?

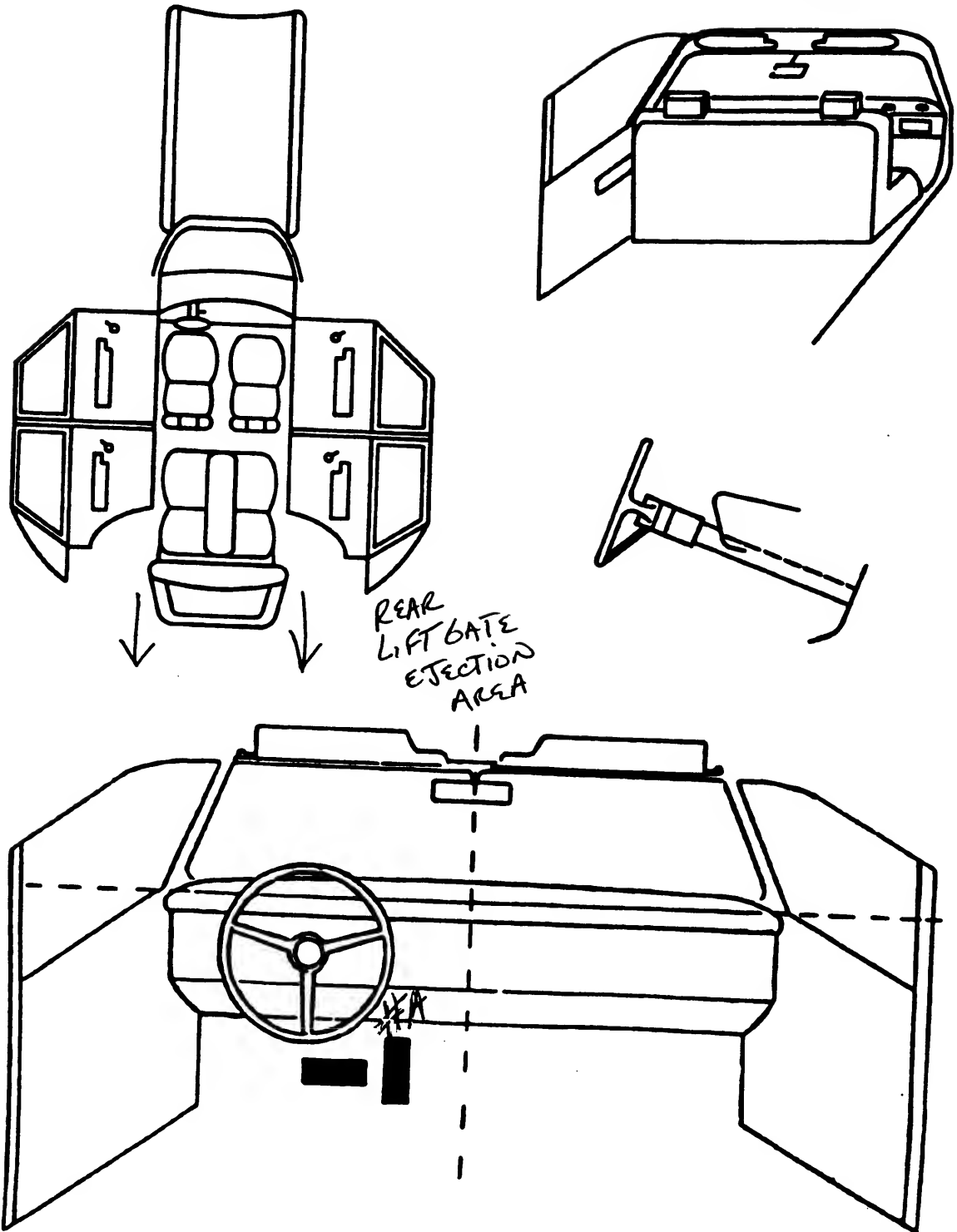
- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

0



## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	φ9	φ1	LEB	<del>CHASSIS</del> DAMAGED MOLDINGS	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

## RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

## INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): \_\_\_\_\_

- (47) Interior loose objects

- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

## FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	Φ	4
	Evidence of usage	Φ4	ΦΦ	Φ4
	Used in this crash?	YES	ΦΦ	YES
	Proper Use	YES	Φ	YES
	Failure Modes	1	Φ	YES
SECOND	Availability	Φ	Φ	Φ
	Evidence of usage	ΦΦ	ΦΦ	ΦΦ
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ
OTHER	Availability	3	3	3
	Evidence of usage	Φ3	Φ3	Φ3
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ

**Manual (Active) Belt System Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

**Integral Belt Partially Destroyed**

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

**Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used - type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat - type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

**Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

**Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1	Φ	1
	Seat Type	Φ 1	Φ Φ	Φ 1
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
SECOND	Head Restraint Type/Damage	8	Φ	Φ
	Seat Type	Φ 3	Φ Φ	Φ 3
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
THIRD	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ 3	Φ 3	Φ 3
	Seat Performance	4	4	4
	Seat Orientation	1	1	1
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: INTEGRAL WHEN USED AS CHILD SEAT
- (9) Unknown

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION**      No [ ]      Yes ☒

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number	05	06				
Ejection	1	1				
(Note on Vehicle Interior Sketch) Ejection Area	6	6				
Ejection Medium	1	1				
Medium Status	2	2				

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT**

No [ / ]      Yes [ ]

Describe entrapment mechanism:

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Component(s):

(Note in vehicle interior diagram)



## Interview Form

**Case Number:** DSI-95-SP-24  
**Vehicle Number:** 01  
**Interviewee:** Driver  
**Accident Date/Time:** Winter weekday/early evening hours

### Description of Accident

I was going west coming up to the stop sign, and I wasn't going any faster than 32 KPH (20 MPH). When I stepped on the brake it slowed me down, but I wasn't stopping. I rolled into the intersection and I was about to try the emergency brake. I saw the other cars lights coming right at me. I stepped on the accelerator to try to get across the intersection. I thought I had made it but the right front corner of the other car caught my back end. The van started spinning around to the left.

When I came to a stop we were facing in the opposite direction we were coming from. My sons that had been in the back seat were laying on the ground on top of the seat. Somehow the seat had released itself, and it fell out. They still had their seat belts on. There was glass all over the inside of the van.

My left knee hurt because I think I hit it on the dashboard. We went to see the other car and he was saying his legs hurt. The other car had an airbag, and it was opened.

Three of my sons were complaining of pain a couple of days later so we took them to the clinic to get them checked out.

<b>Seat Position</b>	Left Front	Right Front	Left Center
<b>Age/Sex</b>	40/male	15/male	4/male
<b>Height/Weight</b>	180 cm/71 kg.	168 cm/54 kg	94 cm/18 kg
<b>Posture</b>	Normal	Normal	Normal
<b>Ejection</b>	No	No	No
<b>Entrapment</b>	No	No	No
<b>Restraint Type</b>	Lap & Shoulder	Lap/shoulder	Integrated child seat
<b>Usage/Failures</b>	Use/none	Used/none	Used/none
<b>Treatment</b>	None	None	3 days later at a medical clinic
<b>Time in hospital</b>	None	None	None
<b>Lost working days</b>	None	N/A	N/A

<b>Seat Position</b>	Right Center	Left Rear	Right Rear
<b>Age/Sex</b>	18/male	14/male	16/male
<b>Height/Weight</b>	178 cm/58 kg.	183 cm/52 kg	185 cm/58 kg
<b>Posture</b>	Normal	Normal	Normal
<b>Ejection</b>	Yes	Yes	Yes
<b>Entrapment</b>	No	No	No
<b>Restraint Type</b>	None	Lap	Lap
<b>Usage/Failures</b>	None	Used/none	Used/none
<b>Treatment</b>	None	2 days later at a medical clinic	2 days later at a medical clinic
<b>Time in hospital</b>	None	None	None
<b>Lost working days</b>	None	N/A	N/A



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 40  
Code actual age at time of accident.  
(00) Less than one year old (specify by month): \_\_\_\_\_(97) 97 years and older \_\_\_\_\_  
(99) Unknown6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown7. Occupant's Height 180  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
71 inches X 2.54 = 180 centimeters8. Occupant's Weight 071  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
157 pounds X .4536 = 071 kilograms9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant*Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant*Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant*Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown11. Occupant's Posture 0  
(0) Normal posture  
  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

φ

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

φ

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

φ

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability **4**
- (0) None available
  - (1) Belt removed/destroyed
  - (2) Shoulder belt
  - (3) Lap belt
  - (4) Lap and shoulder belt
  - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
  - (7) Lap belt (shoulder belt destroyed/removed)
  - (8) Other belt (specify): \_\_\_\_\_
  - (9) Unknown
18. Manual (Active) Belt System Use **4**
- (00) None used, not available, or belt removed/destroyed
  - (01) Inoperative (specify): \_\_\_\_\_
  - (02) Shoulder belt
  - (03) Lap belt
  - (04) Lap and shoulder belt
  - (05) Belt used—type unknown
  - (08) Other belt used (specify): \_\_\_\_\_
  - (12) Shoulder belt used with child safety seat
  - (13) Lap belt used with child safety seat
  - (14) Lap and shoulder belt used with child safety seat
  - (15) Belt used with child safety seat—type unknown
  - (18) Other belt used with child safety seat (specify): \_\_\_\_\_
  - (99) Unknown if belt used
19. Proper Use of Manual (Active) Belts **L**
- (0) None used or not available
  - (1) Belt used properly
  - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
  - (4) Shoulder belt worn behind back or seat
  - (5) Belt worn around more than one person
  - (6) Lap belt worn on abdomen
  - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
  - (8) Other improper use of manual belt system (specify): \_\_\_\_\_
  - (9) Unknown
20. Manual (Active) Belt Failure Modes During Accident **1**
- (0) No manual belt used
  - (1) No manual belt failure(s)
  - (2) Torn webbing (stretched webbing not included)
  - (3) Broken buckle or latchplate
  - (4) Upper anchorage separated
  - (5) Other anchorage separated (specify): \_\_\_\_\_
  - (6) Broken retractor
  - (7) Combination of above (specify): \_\_\_\_\_
  - (8) Other manual belt failure (specify): \_\_\_\_\_
  - (9) Unknown
21. Air Bag System Availability/Function **4**
- (0) Not equipped/not available
  - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): \_\_\_\_\_
  - (3) Air bag not reinstalled
  - (9) Unknown
22. Air Bag System Deployment **4**
- (0) Not equipped/not available
  - (1) Air bag deployed during accident (as a result of impact)
  - (2) Air bag deployed inadvertently just prior to accident
  - (3) Air bag deployed, accident sequence undetermined
  - (4) Nondeployed
  - (5) Unknown if deployed
  - (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
  - (9) Unknown
23. Are There Indications of Air Bag System Failure? **4**
- (0) Not equipped/not available
  - (1) No
  - (2) Yes (specify): \_\_\_\_\_
  - (9) Unknown
- Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
24. Police Reported Restraint Use **4**
- (0) None used
  - (1) Police did not indicate restraint use
  - (2) Shoulder belt
  - (3) Lap belt
  - (4) Lap and shoulder belt
  - (5) Belt used, type not specified
  - (6) Child safety seat
  - (7) Other or automatic restraint (specify): \_\_\_\_\_
  - (8) Restrained, type unknown
  - (9) Police indicated "unknown"



## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position

1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## 26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating)  $\phi$ 

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality  $\phi$ 

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)  $\phi$ 

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

37. Hospital Stay  $\phi \phi$ 

- (00) Not Hospitalized

\_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost  $\phi \phi$ 

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death  $\phi \phi$ 

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

40. 1st Medically Reported Cause of Death  $\phi \phi$ 41. 2nd Medically Reported Cause of Death  $\phi \phi$ 42. 3rd Medically Reported Cause of Death  $\phi \phi$ 

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
  - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for This Occupant  $\phi \phi$ 

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**  $\phi$ 

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use**  $\phi$ 

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type**  $\phi$ 

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**  $\phi$ 

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**  $\phi$ 

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

**49. Seat Orientation (this Occupant Position)** L

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_

[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES [ ]

UPDATE CANDIDATE?

NO ☒ YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 22  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  00  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

BEST AVAILABLE



## OCCUPANT ASSESSMENT FORM

Form Approved  
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 15

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 168Code actual height to the nearest  
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters8. Occupant's Weight 054Code actual weight to the nearest  
kilogram.

(999) Unknown

120 pounds X .4536 = 054 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture 0

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

⊕

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

⊕

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

⊕

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

⊕

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

⊕

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 4

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

BEST AVAILABLE

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position

1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

## 26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

## 27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

BEST AVAILABLE

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating)  $\phi$ 

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality  $\phi$ 

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)  $\phi$ 

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay  $\phi \phi$ 

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost  $97$ 

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE  
COMPLETED BY THE ZONE CENTER**39. Time to Death  $\phi \phi$ 

- \_\_\_\_\_ Code number of hours from time of  
accident to time of death up through 24  
hours. If time of death is greater than 24  
hours, code number of days. (Note: 1 day =  
31, 2 days = 32, ... n days = 30 + n up  
through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death  $\phi \phi$ 41. 2nd Medically Reported Cause of Death  $\phi \phi$ 42. 3rd Medically Reported Cause of Death  $\phi \phi$ 

- \_\_\_\_\_ Code the Occupant Injury from line  
number(s) for the medically reported  
injury(s) which reportedly contributed to  
this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific  
injuries are not linked to cause  
of death. (specify):  
\_\_\_\_\_
- (97) Other result (includes fatal ruled  
disease) (specify):  
\_\_\_\_\_
- (99) Unknown

43. Number of Recorded Injuries for  
This Occupant  $\phi \phi$ 

- \_\_\_\_\_ Code the actual number of  
injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured



**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [X] Vehicle inspection  
 [ ] Official injury data  
 [X] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES [ ]

UPDATE CANDIDATE?

NO [X] YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score  $\phi \phi$   
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood?  $1$   
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$   $\phi \phi$   
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination  $2$   
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-SP-24

3. Vehicle Number

φ 1

4. Occupant Number

φ 3

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

φ 4

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

2

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

φ 94

37 inches X 2.54 = φ 94 centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

φ 18

φ 40 pounds X .4536 = φ 18 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

2

## OCCUPANT'S SEATING

10. Occupant's Seat Position

21

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

φ

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

⊕

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

⊕

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_

- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_

- (9) Unknown

⊕

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

⊕

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

⊕

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

## 22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

BEST AVAILABLE

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

26. Seat Type (this Occupant Position) φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type) \_\_\_\_\_
- (99) Unknown \_\_\_\_\_

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_



## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality b

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 01

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
  - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function** ☒

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use** ☒

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type** ☒

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System** ☒

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident** ☒

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

**49. Seat Orientation (this Occupant Position)** ☒

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_

[ ] Unknown if belt used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES ☒

UPDATE CANDIDATE?

NO ☒ YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 2  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  1  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

BEST AVAILABLE



## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number φ 12. Case Number - Stratum DSI-95-SP-244. Occupant Number φ 3

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>φ 4</u>	9. <u>φ 2</u>	10. <u>1</u>	11. <u>7</u>	12. <u>46</u>	13. <u>1</u>	14. <u>1</u>	15. <u>φ φ</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers) -
- (46) Other occupants (specify): OCCUPANT #4 UNRESTRAINED
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

### Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

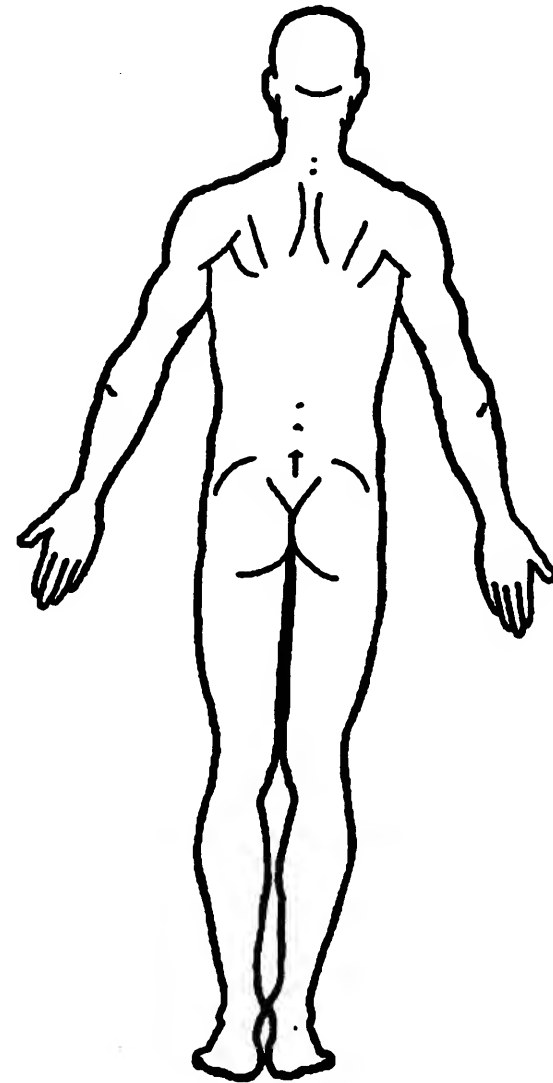
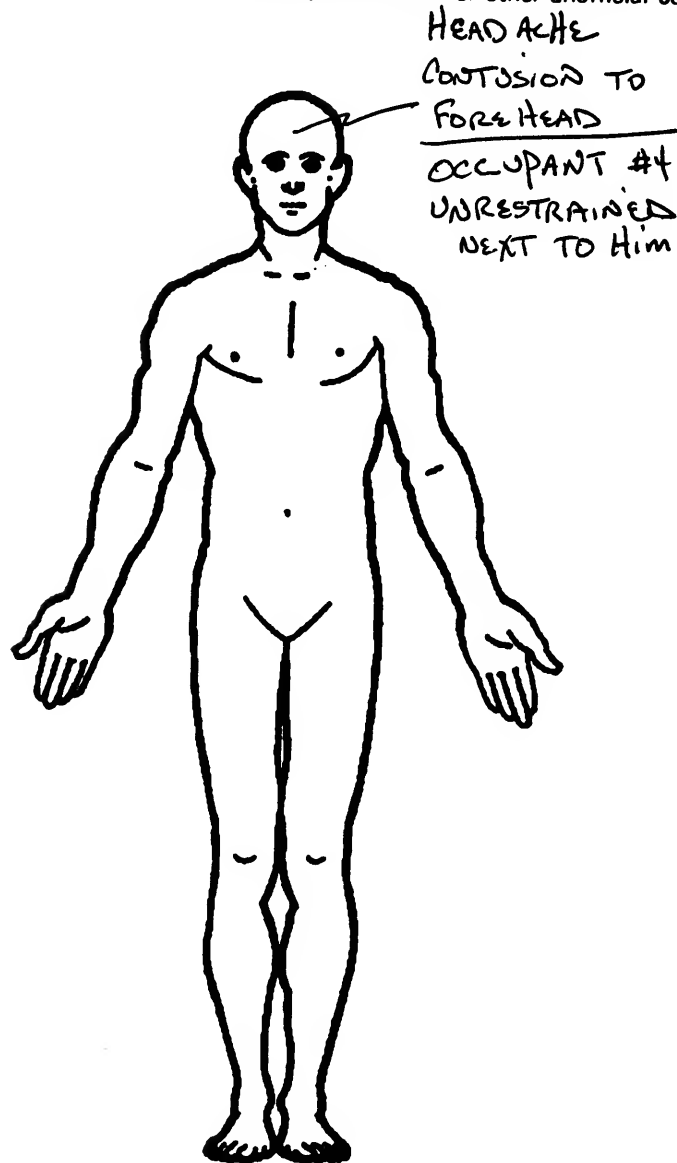
BEST AVAILABLE



# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

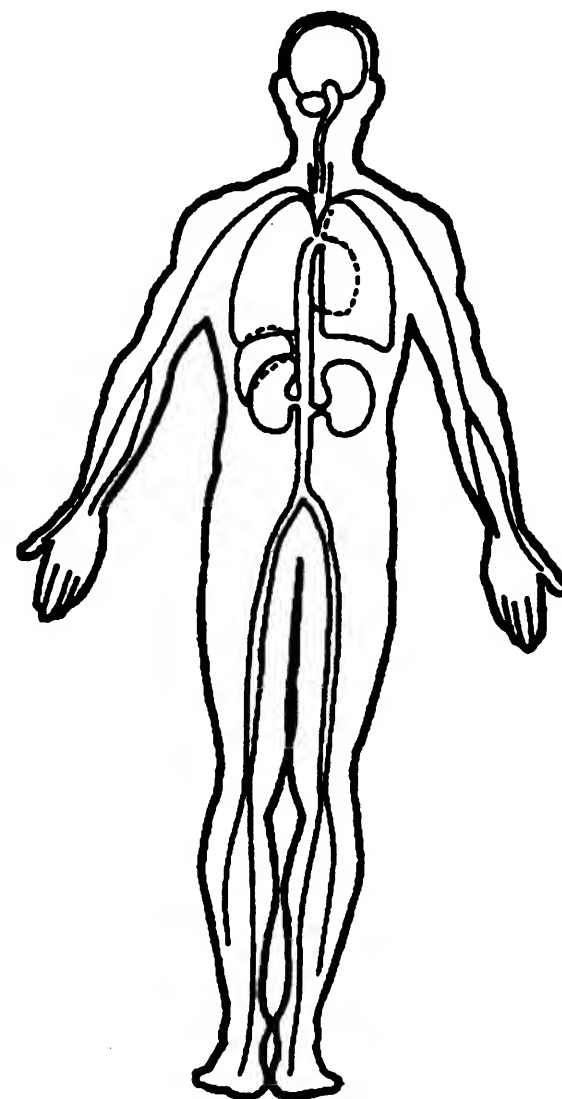
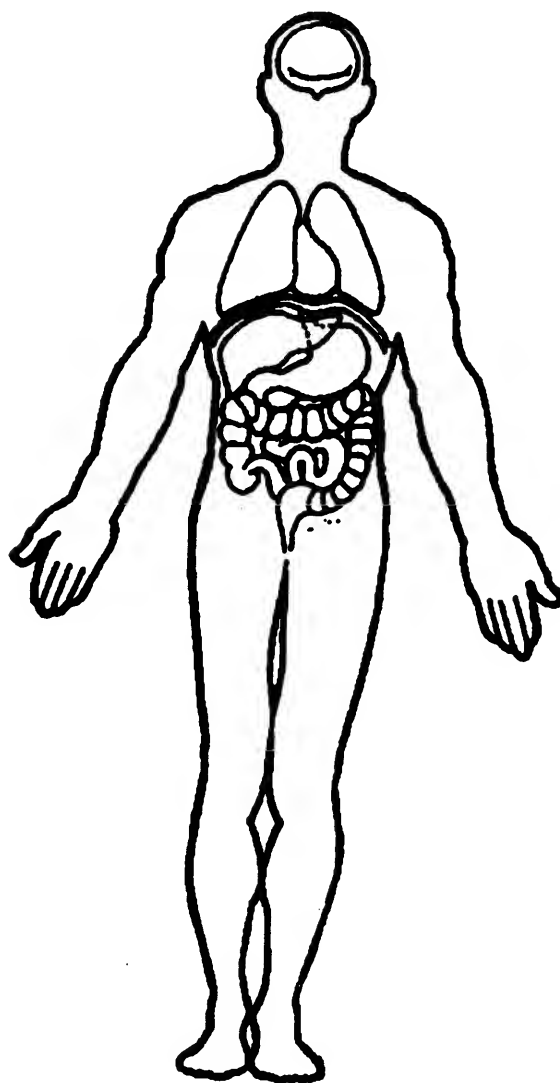
BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OCCUPANT ASSESSMENT FORM

Form Approved  
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 04

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 18

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 178Code actual height to the nearest  
centimeter.

(999) Unknown

70 inches X 2.54 = 178 centimeters8. Occupant's Weight 058Code actual weight to the nearest  
kilogram.

(999) Unknown

127 pounds X .4536 = 058 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 23*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

⊕

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

⊕

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

⊕

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

⊕

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

⊕

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position  $\phi$ 

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)  $\phi 3$ 

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown



## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating)  $\phi$ 

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality  $\phi$ 

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)  $\phi$ 

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

37. Hospital Stay  $\phi \phi$ 

- (00) Not Hospitalized

\_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost  $97$ 

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7**

**VARIABLES 39 THROUGH 43 ARE  
COMPLETED BY THE ZONE CENTER**

39. Time to Death  $\phi \phi$ 

- \_\_\_\_\_ Code number of hours from time of  
accident to time of death up through 24  
hours. If time of death is greater than 24  
hours, code number of days. (Note: 1 day =  
31, 2 days = 32, ... n days = 30 + n up  
through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

40. 1st Medically Reported Cause of Death  $\phi \phi$ 41. 2nd Medically Reported Cause of Death  $\phi \phi$ 42. 3rd Medically Reported Cause of Death  $\phi \phi$   
\_\_\_\_\_ Code the Occupant Injury from line  
number(s) for the medically reported  
injury(s) which reportedly contributed to  
this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific  
injuries are not linked to cause  
of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled  
disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for  
This Occupant  $\phi \phi$ 

- \_\_\_\_\_ Code the actual number of  
injuries recorded for this occupant.
- (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
☒ Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):  
 [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES [ ]

UPDATE CANDIDATE?

NO ☒ YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score  $\phi$   $\phi$   
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$   $\phi$   $\phi$   
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum DST-95-SP-243. Vehicle Number 014. Occupant Number 05

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

72 inches X 2.54 = 183 centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

115 pounds X .4536 = 52 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

6

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

1

## 15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown



## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

## 26. Seat Type (this Occupant Position)

03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_

(10) Box mounted seat (i.e., van type)

(99) Unknown

## 27. Seat Performance (this Occupant Position)

4

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- 1
- (0) O - No injury
  - (1) C - Possible injury
  - (2) B - Nonincapacitating injury
  - (3) A - Incapacitating injury
  - (4) K - Killed
  - (5) U - Injury, severity unknown
  - (6) Died prior to accident
  - (9) Unknown

**35. Treatment - Mortality**

- 6
- (0) No treatment
  - (1) Fatal
  - (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- 3
- (0) Not treated at a medical facility
  - (1) Trauma center
  - (2) Hospital
  - (3) Medical clinic
  - (4) Physician's office
  - (5) Treatment later at medical facility
  - (8) Other (specify):
  - (9) Unknown

**37. Hospital Stay**

- 0 0
- (00) Not Hospitalized
  - Code the number of days (up through 60) that the occupant stayed in hospital.
  - (61) 61 days or more
  - (99) Unknown

**38. Working Days Lost**

- 97
- Code the number of days (up through 60) that the occupant lost from work due to the accident
  - (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- 0 0
- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
  - (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

**40. 1st Medically Reported Cause of Death****41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 0 0
- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
  - (00) Not fatal or no additional causes
  - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- 0 0
- (97) Other result (includes fatal ruled disease) (specify):

- 0 0
- (99) Unknown

**43. Number of Recorded Injuries for This Occupant**

- 0 5
- Code the actual number of injuries recorded for this occupant.
  - (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

- (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):

- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
 [X] Driver/occupant interview  
 [ ] Other (specify):

- [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
 WITH INITIAL SUBMISSION?

NO [ ] YES [X]

UPDATE CANDIDATE?

NO [X] YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score φ 1  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  φ 1  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 3  
(0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used





## OCCUPANT INJURY FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum DSI-95-SF-24

4. Occupant Number

01  
05

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5</u> <u>0</u>	9. <u>9</u> <u>9</u>	10. <u>7</u>	11. <u>0</u>	12. <u>2</u> <u>6</u>	13. <u>2</u>	14. <u>2</u>	15. <u>0</u> <u>0</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>0</u> <u>2</u>	20. <u>7</u> <u>8</u>	21. <u>1</u>	22. <u>6</u>	23. <u>2</u> <u>6</u>	24. <u>2</u>	25. <u>2</u>	26. <u>0</u> <u>0</u>
3rd	27. <u>4</u>	28. <u>6</u>	29. <u>4</u>	30. <u>0</u> <u>6</u>	31. <u>7</u> <u>8</u>	32. <u>1</u>	33. <u>8</u>	34. <u>2</u> <u>6</u>	35. <u>2</u>	36. <u>2</u>	37. <u>0</u> <u>0</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>9</u>	41. <u>0</u> <u>4</u>	42. <u>0</u> <u>2</u>	43. <u>1</u>	44. <u>2</u>	45. <u>2</u> <u>6</u>	46. <u>2</u>	47. <u>1</u>	48. <u>0</u> <u>0</u>
5th	49. <u>4</u>	50. <u>8</u>	51. <u>9</u>	52. <u>0</u> <u>4</u>	53. <u>0</u> <u>2</u>	54. <u>1</u>	55. <u>2</u>	56. <u>2</u> <u>6</u>	57. <u>2</u>	58. <u>1</u>	59. <u>0</u> <u>0</u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (a.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

### Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

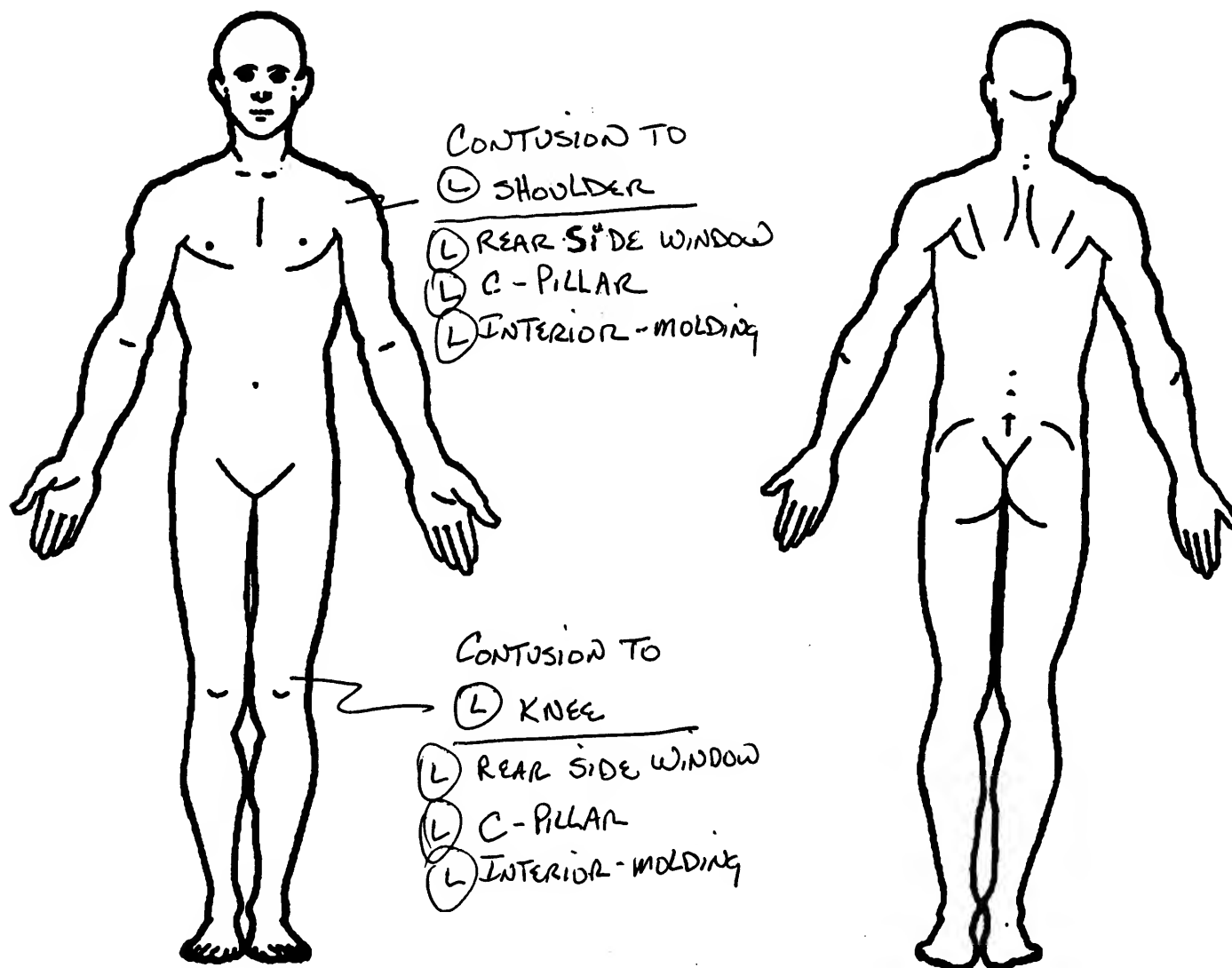
- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

BEST AVAILABLE

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

\_\_\_ No

\_\_\_ Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

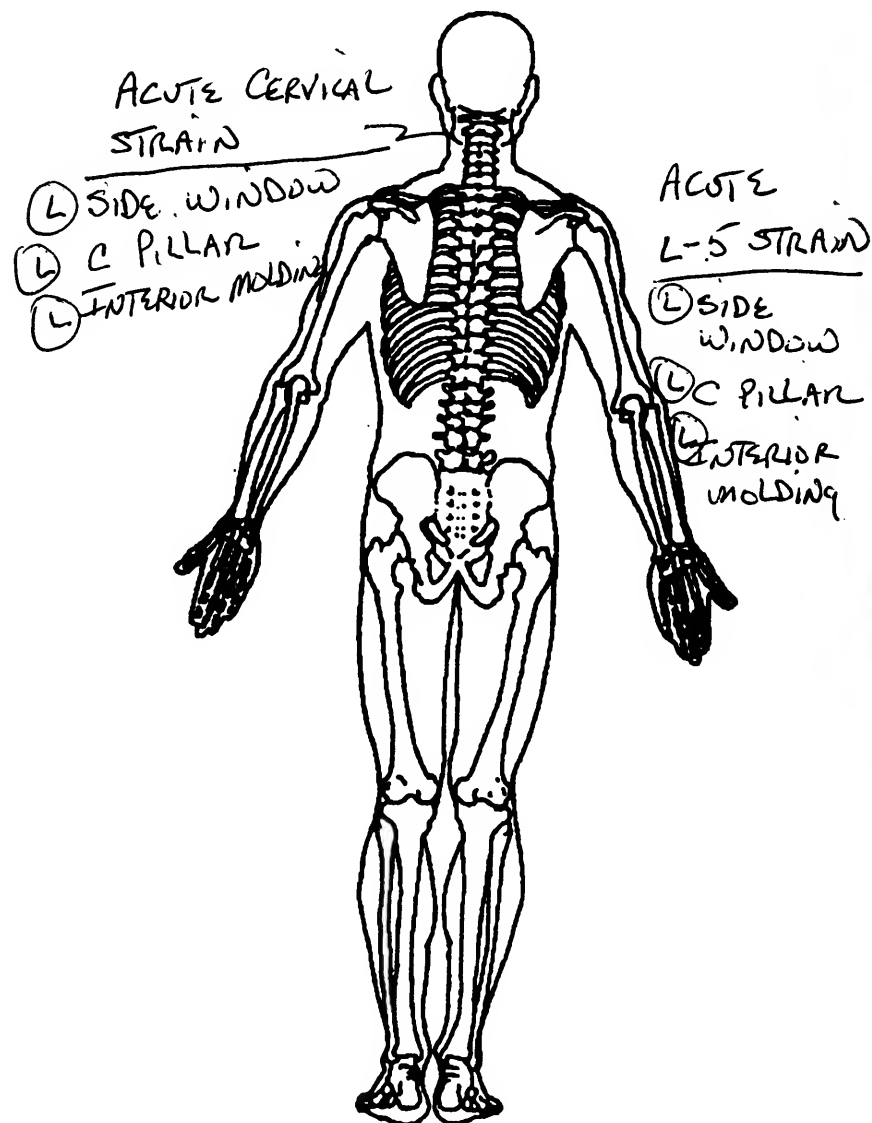
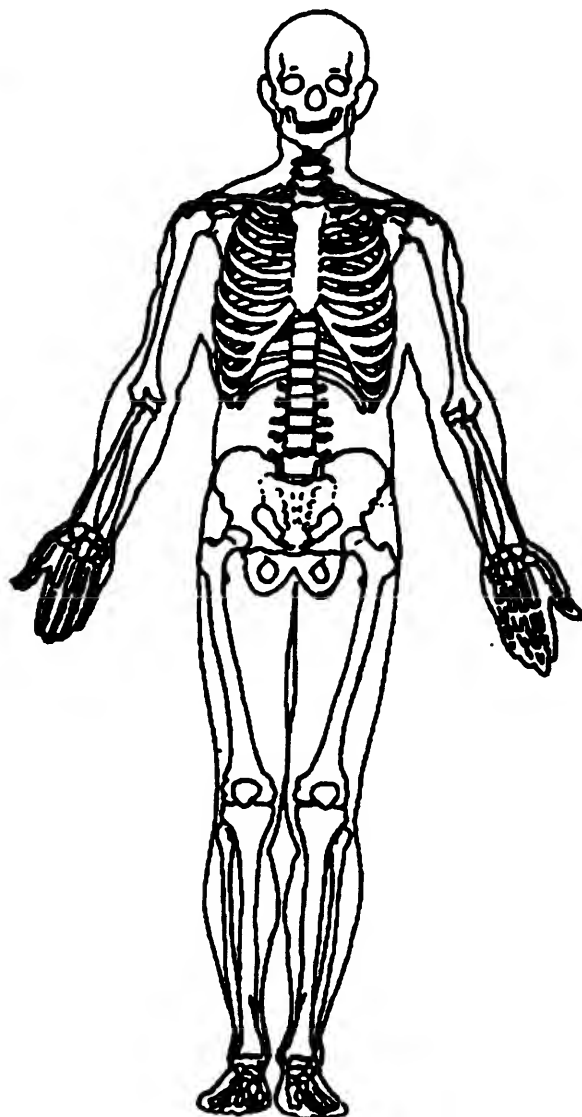
Units = \_\_\_

Arterial Blood Gases

pH = \_\_\_

PO<sub>2</sub> = \_\_\_PCO<sub>2</sub> = \_\_\_HCO<sub>2</sub> = \_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



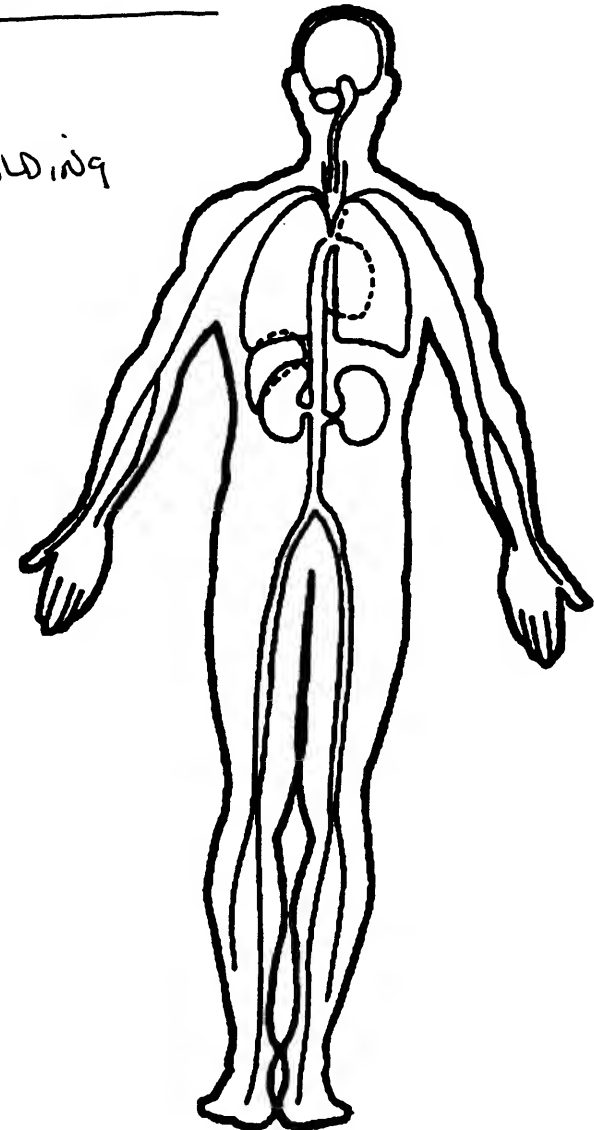
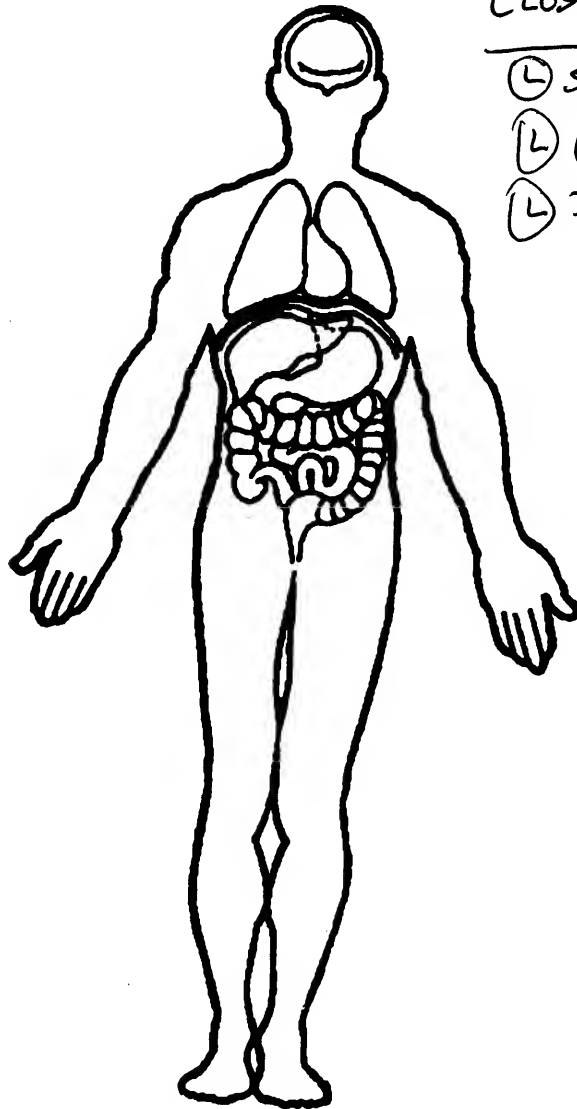
# OFFICIAL INJURY DATA - INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

## CLOSED HEAD INJURY - NFS

- ① SIDE WINDOW
- ② C PILLAR
- ③ INTERIOR MOLDING



National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DST-95-SP-243. Vehicle Number 614. Occupant Number 66

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 185Code actual height to the nearest  
centimeter.

(999) Unknown

73 inches X 2.54 = 185 centimeters8. Occupant's Weight 658Code actual weight to the nearest  
kilogram.

(999) Unknown

127 pounds X .4536 = 658 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 33

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 6

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE



## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

6

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

1

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

2

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

0

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 6 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position φ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position) φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*'Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 3

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ 4

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

- (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):

- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
 [x] Driver/occupant interview  
 [ ] Other (specify):

- [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES [x]

UPDATE CANDIDATE?

NO [x] YES [ ]

BEST AVAILABLE



**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 2  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? L  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  1  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 3  
(0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



## OCCUPANT INJURY FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum DSI-95-SP-24

4. Occupant Number

01  
06

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5</u> <u>0</u>	9. <u>9</u> <u>9</u>	10. <u>7</u>	11. <u>0</u>	12. <u>2</u> <u>6</u>	13. <u>2</u>	14. <u>2</u>	15. <u>0</u> <u>0</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>0</u> <u>2</u>	20. <u>7</u> <u>8</u>	21. <u>1</u>	22. <u>6</u>	23. <u>2</u> <u>6</u>	24. <u>2</u>	25. <u>2</u>	26. <u>0</u> <u>0</u>
3rd	27. <u>4</u>	28. <u>7</u>	29. <u>5</u>	30. <u>1</u> <u>0</u>	31. <u>2</u> <u>0</u>	32. <u>1</u>	33. <u>2</u>	34. <u>2</u> <u>6</u>	35. <u>2</u>	36. <u>2</u>	37. <u>0</u> <u>0</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>5</u>	41. <u>1</u> <u>2</u>	42. <u>1</u> <u>0</u>	43. <u>1</u>	44. <u>2</u>	45. <u>2</u> <u>6</u>	46. <u>2</u>	47. <u>1</u>	48. <u>0</u> <u>0</u>
5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_

- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

### Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

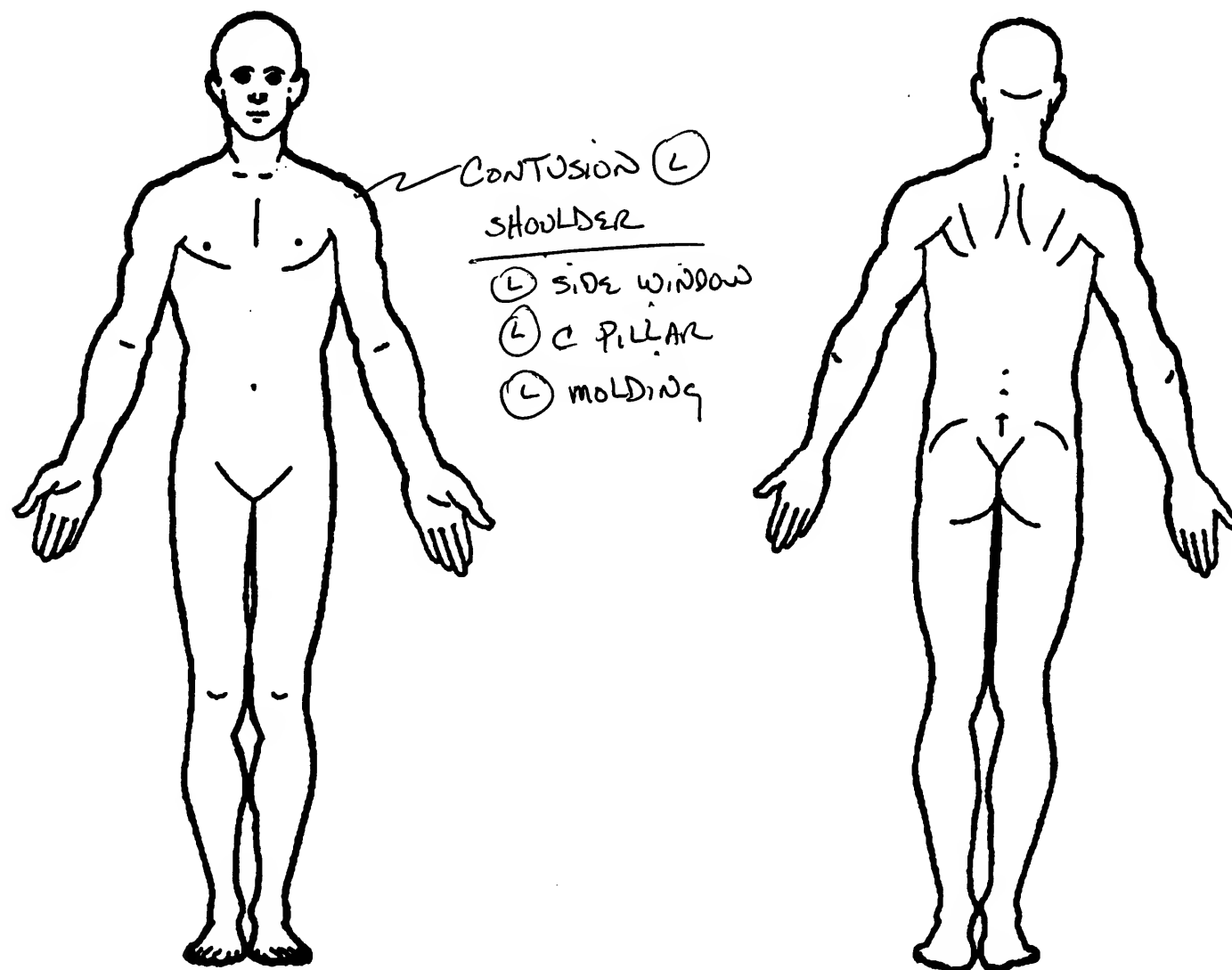
- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — SKELETAL INJURIES

BEST AVAILABLE

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

Restrained?

\_\_\_ No

\_\_\_ Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

Units = \_\_\_

Arterial Blood Gases

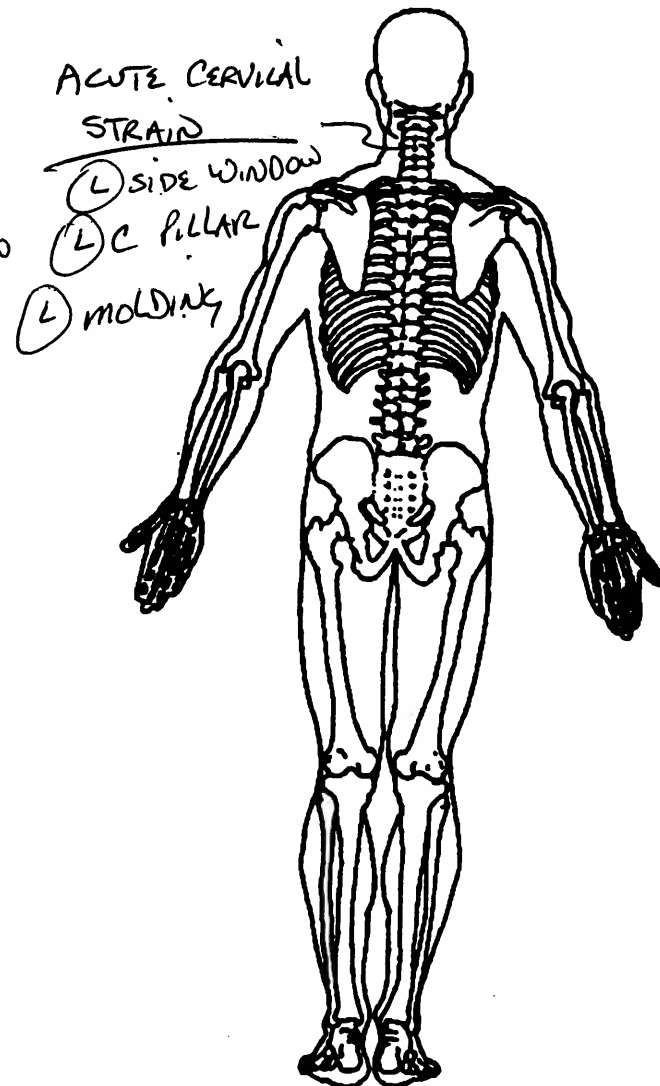
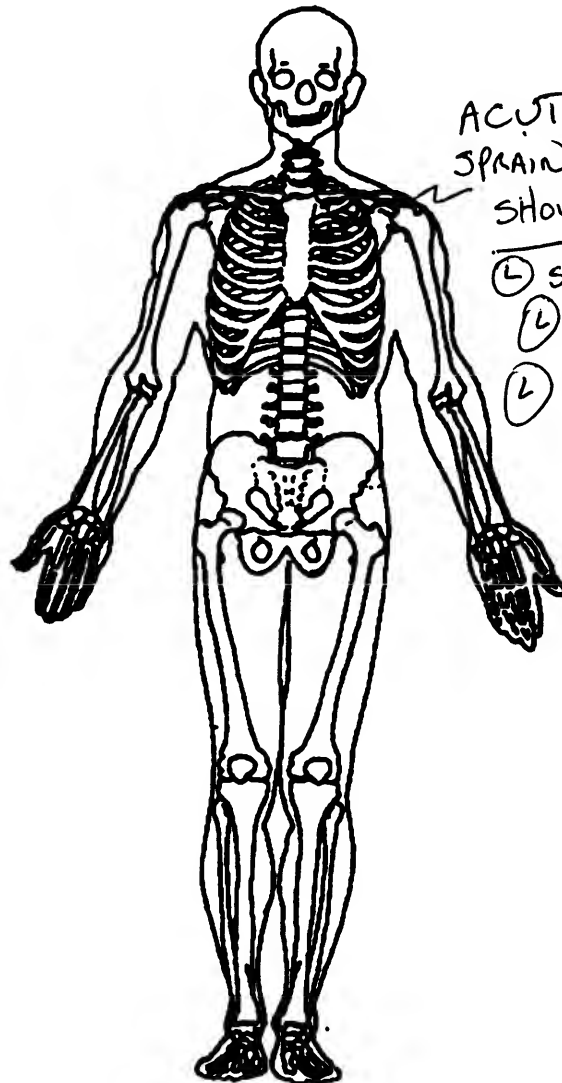
pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> = \_\_\_

HCO<sub>3</sub> = \_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



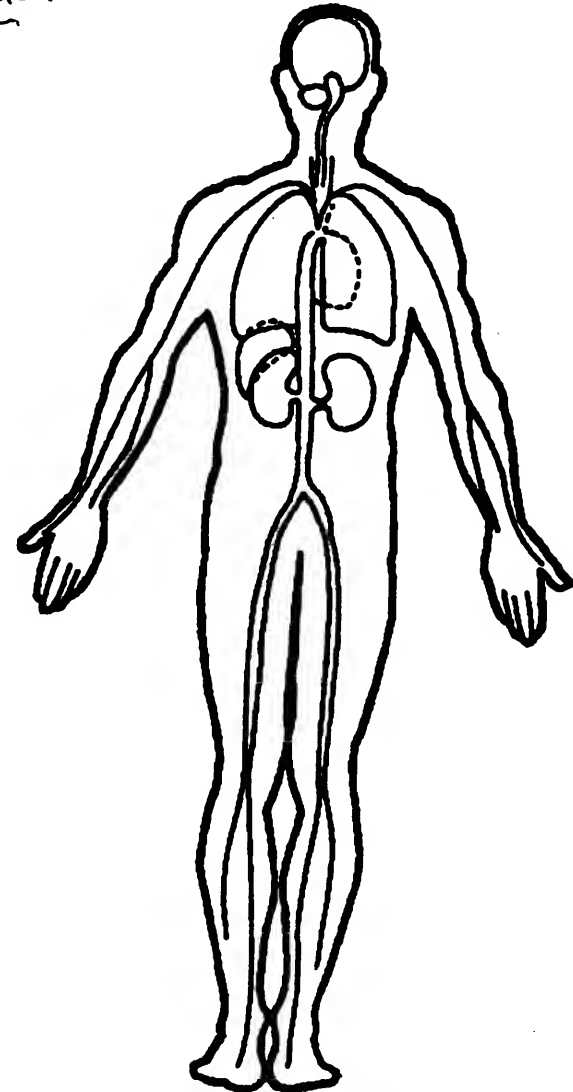
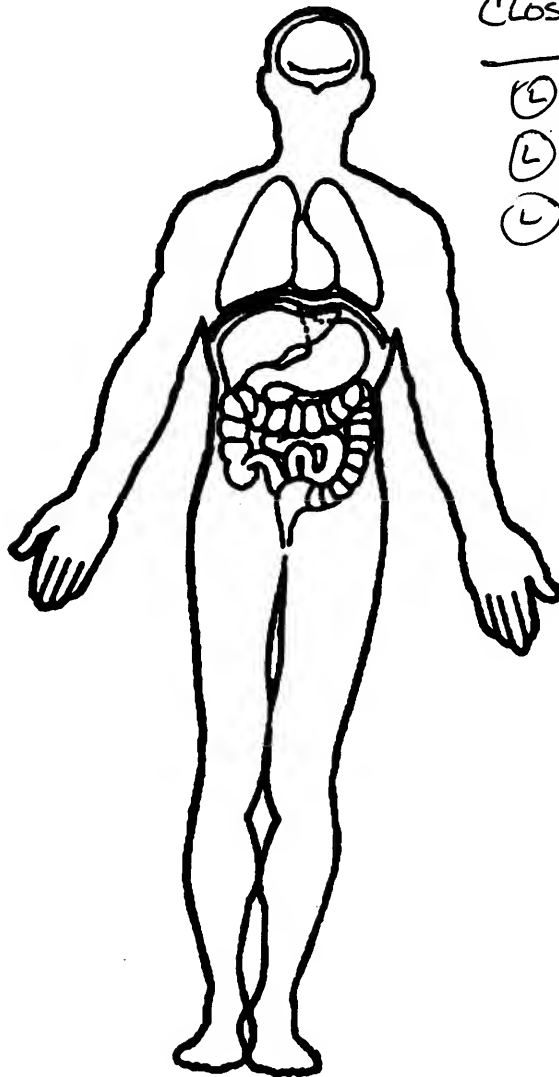
## OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

### CLOSED HEAD INJURY

- ① SIDE WINDOW
- ② C PILLAR
- ③ MOLDING





National Highway Traffic Safety  
Administration

## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 02

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 95 <sup>VIN INDICATES</sup>  
Code the last two digits of the model year  
(99) Unknown5. Vehicle Make (specify): 24  
SATURNApplicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown6. Vehicle Model (specify): 001  
SLApplicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown7. Body Type 04  
Note: Applicable codes may be found on  
the back of this page.8. Vehicle Identification Number  
168ZF52885ZXXXXXX  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown10. Police Reported Travel Speed 064Code to the nearest kph (NOTE: 000 means  
less than 0.5 kph)  
(160) 159.5 kph and above  
(99) Unknown40 mph X 1.6093 = 064 kph

11. Police Reported Alcohol Presence

- (0) No alcohol present  
(1) Yes (alcohol present)  
(7) Not reported  
(8) No driver present  
(9) Unknown

Note: See variables 37 through 55  
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96  
Code actual value (decimal implied  
before first digit—0.xx)  
(95) Test refused  
(96) None given  
(97) AC test performed, results unknown  
(98) No driver present  
(99) Unknown

Source: \_\_\_\_\_

## ACCIDENT RELATED

13. Speed Limit 064  
(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(99) Unknown40 mph X 1.6093 = 064 kph14. Attempted Avoidance Maneuver 08  
(01) No avoidance actions  
(02) Braking (no lockup)  
(03) Braking (lockup)  
(04) Braking (lockup unknown)  
(05) Releasing brakes  
(06) Steering left  
(07) Steering right  
(08) Braking and steering left  
(09) Braking and steering right  
(10) Accelerating  
(11) Accelerating and steering left  
(12) Accelerating and steering right  
(97) No driver present  
(98) Other action (specify):  
(99) Unknown15. Accident Type 00  
Applicable codes may be found on the  
back of page two of this field form  
(00) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
(99) Unknown

BEST AVAILABLE

\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

## OCCUPANT RELATED

16. Driver Presence in Vehicle

- (0) Driver not present  
(1) Driver present  
(9) Unknown

117. Number of Occupants This Vehicle  
(00-96) Code actual number of occupants  
for this vehicle

- (97) 97 or more  
(99) Unknown

01

18. Number of Occupant Forms Submitted

01

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight

Code weight to nearest  
10 kilograms.

- (045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

10602324 lbs X .4536 = 1054 kgs

Source: \_\_\_\_\_

20. Vehicle Cargo Weight

Code weight to nearest  
10 kilograms.

- (000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

990

\_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

## RECONSTRUCTION DATA

21. Towed Trailing Unit

- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

022. Documentation of Trajectory Data  
for This Vehicle

- (0) No  
(1) Yes

023. Post Collision Condition of Tree or Pole  
(For Highest Delta V)

- (0) Not collision (for highest delta V) with  
tree or pole  
(1) Not damaged  
(2) Cracked/sheared  
(3) Tilted <45 degrees  
(4) Tilted ≥45 degrees  
(5) Uprooted tree  
(6) Separated pole from base  
(7) Pole replaced  
(8) Other (specify): \_\_\_\_\_

0

(9) Unknown

24. Rollover

- (0) No rollover (no overturning)

0*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only  
(2) Rollover, 2 quarter turns  
(3) Rollover, 3 quarter turns  
(4) Rollover, 4 or more quarter turns (specify): \_\_\_\_\_

- (5) Rollover--end-over-end (i.e., primarily  
about the lateral axis)

- (9) Rollover (overturn), details unknown

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

0

26. Rear Override/Underride (this Vehicle)

0

- (0) No override/underride, or  
not an end-to-end impact

*Override (see specific CDC)*

- (1) 1st CDC  
(2) 2nd CDC  
(3) Other not automated CDC (specify): \_\_\_\_\_

*Underride (see specific CDC)*

- (4) 1st CDC  
(5) 2nd CDC  
(6) Other not automated CDC (specify): \_\_\_\_\_

- (7) Medium/heavy truck or bus override  
(9) Unknown

HEADING ANGLE AT IMPACT FOR  
HIGHEST DELTA V

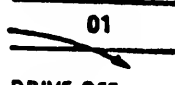
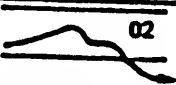
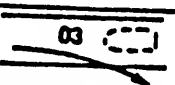
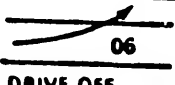
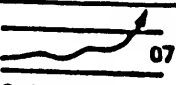
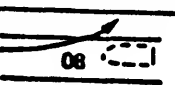
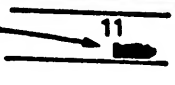
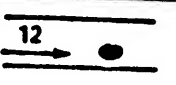
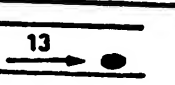
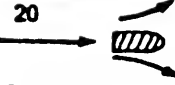
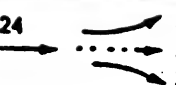
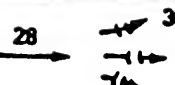

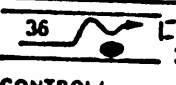
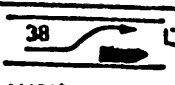
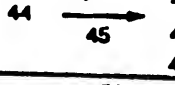

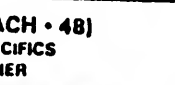
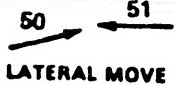
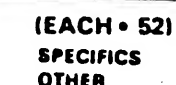
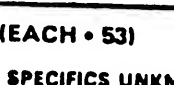
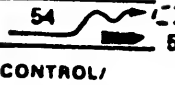








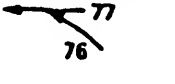
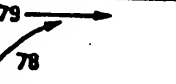
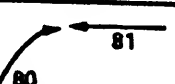
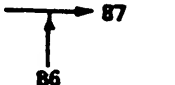
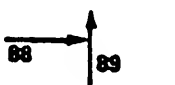
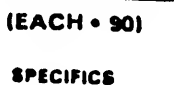
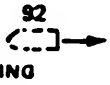


Values: (000)-(359) Code actual value  
(997) Noncollision  
(998) Impact with object  
(999) Unknown

27. Heading Angle For This Vehicle

339

28. Heading Angle For Other Vehicle

270

Category	Configuration	ACCIDENT TYPES (Includes Intent)			
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	05 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	15 SPECIFICS OTHER
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	16 SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45	 46 45 47	 48 49	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 51 (EACH • 52) SPECIFICS OTHER	 53 (EACH • 53) SPECIFICS UNKNOWN	
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	17 SPECIFICS OTHER
	I. Sideswipe Angle	 64 LATERAL MOVE	 65 (EACH • 66) SPECIFICS OTHER	 67 (EACH • 67) SPECIFICS UNKNOWN	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76	 79 78	 81 80	18 SPECIFICS OTHER
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	 90 (EACH • 90) SPECIFICS OTHER	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 99 00	(EACH • 91) SPECIFICS UNKNOWN

98 Other Accident Type  
99 Unknown Accident Type  
00 No Impact

**29. Basis for Total Delta V (highest)**

3

***Delta V Calculated***

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

***Delta V Not Calculated***

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.**
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.**
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.**

### 32. Lateral Component of Delta V

## Highest

-2.36 Nearest kph (highest).

           Nearest kph (secondary)

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(±160) ±159.5 kph and above  
(\_\_999) Unknown

### 33. Energy Absorption

3885.1 Nearest 100 joules (highest)

           Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
(9997) 999,650 joules or more  
(9999) Unknown

## COMPUTER GENERATED DELTA V

### 30. Total Delta V

### Highest

4.59 Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means less than 0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown

### 31. Longitudinal Component of Delta V

-393 Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(±160) ±159.5 kph and above  
( 999) Unknown

### 34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

### 35. Type of Vehicle Inspection

- (0) No inspection  
(1) Complete inspection  
(2) Partial inspection (specify):

**36. Is this an AOPS Vehicle?**

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? ☒ YES ☐ NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? ☒ YES ☐ NO

37. Police Reported Other Drug Presence ☒

- (0) No other drug(s) present  
 (1) Yes [other drug(s) present]  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ☒

- (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver ☒

- (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
 \_\_\_\_\_  
 (7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

## DRUG EVALUATION CLASSIFICATION

### OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

## Codes For DEC Test Results

- (0) No DEC test given  
 (1) Passed DEC test  
 (2) Failed DEC test  
 (3) DEC test given—results unknown  
 (8) No driver present  
 (9) Unknown if DEC test given

## Codes for Specimen Test Results

- (0) No specimen test given  
 (1) Drug not found in specimen  
 (2) Drug found in specimen  
 (7) Specimen test given, results unknown or not obtained  
 (8) No driver present  
 (9) Unknown if specimen test given

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover  
(01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over  
(33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
(51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
(52) Pole or post ( $> 30$  cm in diameter)  
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier  
(55) Impact attenuator  
(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport  
(76) Animal  
(77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_



**OTHER DATA****56. Driver's Zip Code**

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
           Code actual 5-digit zip code  
 (99999) Unknown

**57. Driver's Race/Ethnic Origin**

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify):  
 (9) Unknown

**58. Vehicle Special Use (This Trip)**

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify):  
 (9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

**59. Rollover Initiation Type**

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify):  
 (9) Unknown rollover initiation type

**60. Location of Rollover Initiation**

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

**61. Rollover Initiation Object Contacted****62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 (8) Non-contact rollover forces (specify):  
 (9) Unknown

**63. Direction of Initial Roll**

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

**PRECRASH DATA****64. Pre-Event Movement (Prior to Recognition of Critical Event)**

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify):  
 (98) No driver present  
 (99) Unknown

**PRECRASH DATA (Continued)****65. Critical Precrash Event**17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Manuever)

**66. Precrash Stability After Avoidance Maneuver**1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

**67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)**1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-sp-24

3. Vehicle Number

φ 2

4. Occupant Number

φ 1

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_ inches X 2.54 = \_\_\_\_ centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

\_\_\_\_ pounds X .4536 = \_\_\_\_ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

12. Ejection  $\phi$ 

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area  $\phi$ 

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium  $\phi$ 

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)  $\phi$ 

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment  $\phi$ 

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 9

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 99

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 9

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 1

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): AIRBAG

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## 26. Seat Type (this Occupant Position)

99

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 9 9

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 9 9

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 9 9

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 9 9

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 9 941. 2nd Medically Reported Cause of Death 9 942. 3rd Medically Reported Cause of Death 9 9

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 9 9

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/ Function** 9

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use** 9

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type** 9

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System** 9

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident** 9

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

**49. Seat Orientation (this Occupant Position)** +

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☒ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): \_\_\_\_\_

☐ Unknown if belt used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

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**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score (at Medical Facility)  $\phi \phi$   
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured
51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given (specify units): \_\_\_\_\_  
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$   $\phi \phi$   
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 3  
(0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

## OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

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Identifying Title		DSI-95-SP-24		01		1 9 4	
Primary Sampling Unit		Case No.-Stratum		Accident Event Sequence No.		Date (Month, day, year) of Run	
OLDMISS Vehicle Identification							
Vehicle 1		1987		PLYMOUTH		VOYAGER (SE)	
Vehicle 2		1995		SATURN		SL	
		Year		Make		Model	
						02	
						NASS Veh. No.	
GENERAL INFORMATION							
VEHICLE 1				VEHICLE 2			
Size <u>4</u>				Size <u>3</u>			
Weight 2972 + 186 + 0 = 3658 LB				Weight 2324 + 159 + 0 = 3817 LB			
Curb Occupant(s) Cargo				Curb Occupant(s) Cargo			
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>L</u> Vehicle 1				Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>F</u> Vehicle 2			
Vehicle Heading Angles At Impact, in Degrees + <u>27</u> <u>0</u> Vehicle 1				Vehicle Heading Angles At Impact, in Degrees + <u>339</u> <u>0</u> Vehicle 2			
Stiffness Category for Vehicle <u>7</u> Vehicle 1				Stiffness Category for Vehicle <u>3</u> Vehicle 2			
DAMAGE INFORMATION							
For Which Vehicle Is The Damage Known <u>1</u>				Crush Measurements Known Vehicle			
PDOF for Known Vehicle in Degrees (-180 to +180) <u>0080</u>				C <sub>1</sub> <u>004</u> IN			
Damage Length (L) for Known Vehicle <u>026</u> IN				C <sub>2</sub> <u>000</u> IN			
				C <sub>3</sub> _____			
				C <sub>4</sub> _____			
				C <sub>5</sub> _____			
				C <sub>6</sub> _____			
				C <sub>7</sub> _____			
				Damage Midpoint Offset for Known Vehicle <u>0073</u> IN			
				Estimated Damage Midpoint Offset for Unknown Vehicle <u>0017</u> IN			

P. ✓  
U.S.  
MEAS.

# SUMMARY OF OLDMISPC RESULTS

DSI-95-SP-24

## SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	2.97 ( 4.79)	-.52 ( -.83)	2.93 ( 4.71)	280.00
VEH #2 (ESTIMATED)	2.85 ( 4.59)	-2.44 ( -3.93)	-1.47 ( -2.36)	31.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	1392.4 ( 1887.6)	6436.5 ( 28629.8)
VEH #2 (ESTIMATED)	2865.8 ( 3885.1)	10204.0 ( 45387.2)

## SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)			VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)		
	IN	(CM)		IN	(CM)
L-----	26.0	66.0	L-----	27.1	68.8
C1-----	4.0	10.2	C1-----	.1	.3
C2-----	.0	.0	C2-----	.1	.3
D-----	-73.0	-185.4	D-----	-17.0	-43.2

## VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	4	SIZE-----	3
STIFFNESS--	4	STIFFNESS--	3
SIDE-----	L	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	339.0 DEG
WEIGHT----	3658.0 LBS (1659.0 KG)	WEIGHT----	3817.0 LBS (1731.1 KG)
MASS-----	9.467 LB-SEC**2/IN ( 106.96 NT-SEC**2/CM)	MASS-----	9.878 LB-SEC**2/IN ( 111.61 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2 ( 24135.4 CM**2)	GYRATION--	3324.0 IN**2 ( 21445.1 CM**2)

# TRAFFIC CRASH REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS

DO NOT WRITE IN THIS SPACE  
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Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	MSMV CRASH REPORT NUMBER
	COUNTY / CITY CODE	Foot or Mile	N S E W	CITY OR TOWN	(Check # in City or Town) COUNTY	
	AT NODE NO. or	FEET / MILES FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY	
Scene	AT INTERSECTION OF	FEET / MILES	N S E W	OF INTERSECTION OF		
	1 2	1 2	1 2	1 2	1 DIVIDED 2 UNDIVIDED	
	1 2	1 2	1 2	1 2	1 DIVIDED 2 UNDIVIDED	
Driver	DRIVER 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER   STATE
	TRAILER OR TOWED VEHICLE INFORMATION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER   STATE
	VEHICLE TRAVELING	ON	AI	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE
Person	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative
	PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative
Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative
	PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative
Person	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative
	PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative

DRIVER INFORMATION		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE						POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer							
VEHICLE TRAVELING		ON		AI		Est. MPH	Posted Speed	EST VEHICLE DAMAGE	EST TRAILER DAMAGE						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other									
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE									
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH									
DRIVER LICENSE NUMBER		STATE	TYPE	END.	BAC TEST	3 Urine 1 Blood 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No		IF YES, Explain in Narrative		DRIVER'S PHONE NO.	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.		INJ.		S. EQUIP.		EJECT.	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
NONE		\$													
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
\$															
CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS									
1 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		1 2 3 01 13 02 03 04 05 06 07 08 09 10 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 All Other (Explain)		1 2 3 01 01 02 03 04 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)		1 2 3 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driveways or Runaway Veh. 77 All Other (Explain in Narrative)		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance							
LOCATION ON ROADWAY		PEDESTRIAN ACTION		LOCATION TYPE											
1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		1 2 3 01 01 02 03 04 05 Crossing Not at Intersection 06 Crossing at Mid-block Crosswalk 07 Crossing at Intersection 08 Walking Along Road With Traffic 09 Walking Along Road Against Traffic 10 Working on Vehicle in Road 07 Other Working in Road 08 Standing/Praying in Road 09 Standing in Pedestrian Island 77 All Other (Explain)		1 Priority Business 2 Priority Residential 3 Open Country											
FIRST / SUBSEQUENT HARMFUL EVENT		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION											
01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Movable Object On Road 29 MV Ran into Ditch/Culvert 30 Ran Off Road into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain)		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike/Toll 07 Forest Road 77 All Other		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown											
CONTRIBUTING CAUSES - ROAD		CONTRIBUTING CAUSES - ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER							
01 Defects 02 Construction With/Without Warning 03 Under Repair/Construction 04 Uneven Surface 05 Shoulders - Slope/High 06 Holes/Pits/Cracks/Paved Edge 07 Missing Water 08 Polished Road Surface 09 Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)		01 No Control 02 Special Speed Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 School Zone 77 All Other (Explain)		01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 77 All Other (Explain)		1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb							



# TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM  
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS.

☐ Check Only if Updated

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DATE OF CRASH	TIME EMS NOTIFIED AM PM	TIME EMS ARRIVED AM PM	COUNTY/CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
---------------	-------------------------------	------------------------------	------------------	------------------------------	--------------------------

UNIT #1 TRAVELLING NORTH ON \_\_\_\_\_ IN THE NORTH-  
BOUND LANE AT APPROX. 40 MPH, OBSERVED DANGER AND STRUCK  
UNIT #2 WITH FRONT. UNIT #1 WAS DISPLACED APPROX 17 FT.  
IN A NORTHWEST DIRECTION, TURNING COUNTER CLOCK WISE,  
COMING TO REST AT POINTS LISTED IN DIAGRAM.

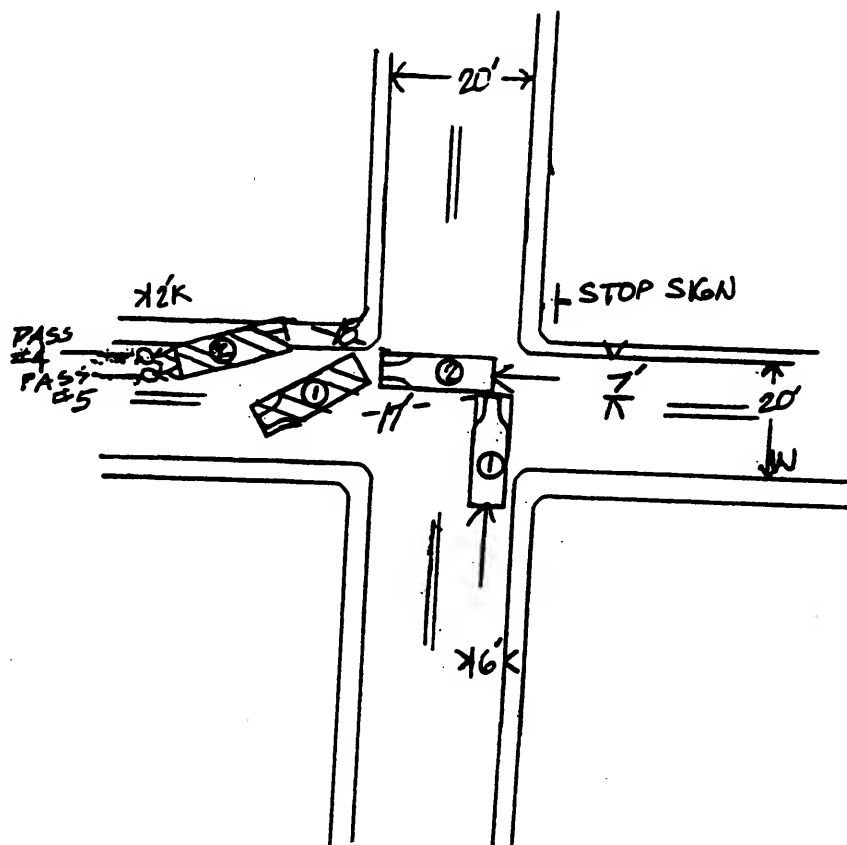
UNIT #2 TRAVELLING WEST ON \_\_\_\_\_ IN THE  
WEST BOUND LANE, FAILED TO STOP FOR THE STOP SIGN AND  
WAS STRUCK BY UNIT #1 ON THE SIDE. UNIT #2 WAS DISPLACED  
APPROX. 18 FT. IN A NORTH WEST DIRECTION SPINNING COUNTER  
CLOCK WISE COMING TO REST AT POINTS LISTED IN DIAGRAM.  
DURING THE CRASH THE BACK HATCH FLEW OPEN AND PASS #4  
AND #5 WERE EJECTED OUT THE BACK HATCH COMING TO REST  
AT POINTS IN DIAGRAM.

FIRST AID GIVEN BY - NAME:	<input type="checkbox"/> 1 Physician or Nurse <input type="checkbox"/> 2 Paramedic or EMT	<input type="checkbox"/> 3 Police Officer <input type="checkbox"/> 4 Certified 1st Aider <input type="checkbox"/> 5 Other	INJURED TAKEN TO:	BY - NAME:
AS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Where?	IS INVESTIGATION COMPLETE? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Why?	DATE OF REPORT	PHOTOS TAKEN? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 3 Investigating Agency <input type="checkbox"/> 4 Other
INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	<input type="checkbox"/> 1 FHP <input type="checkbox"/> 2 SO <input checked="" type="checkbox"/> 3 CPD <input type="checkbox"/> 4 OTHER

DIAGRAM



INDICATE NORTH  
WITH ARROW



NOT TO SCALE

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COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER		TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE			
VEHICLE TRAVELING N S E W		ON	AI	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE 1 Disabling 2 Functional 3 No Damage
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE LOC. INJ. S. EQUIP. EJECT.	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER		TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE			
VEHICLE TRAVELING N S E W		ON	AI	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE 1 Disabling 2 Functional 3 No Damage
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE LOC. INJ. S. EQUIP. EJECT.	
INVESTIGATOR - RANK AND SIGNATURE		ID / BADGE NUMBER		DEPARTMENT		FHP SO CPD OTHER	

PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
2		\$					
3		\$					
4		\$					

CONTRIBUTING CAUSES - DRIVER / PED.					
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic					
19 Improper Load 20 Dispersed Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 All Other (Explain)					
<b>VEHICLE DEFECT</b>					
01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect					
77 All Other (Explain in Narrative)					
<b>LOCATION ON ROADWAY</b>					
1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone					
<b>VEHICLE MOVEMENT</b>					
01 Straight Ahead 02 Stopping / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn					
11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)					
<b>PEDESTRIAN ACTION</b>					
01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road					
07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown					
<b>VEHICLE SPECIAL FUNCTIONS</b>					
1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance					

**Additional Passengers / Narrative**

[illegible][illegible]

REGISTRATION				MEDICAL RECORD							
REGISTRATION	DATE/TIME	DISCHARGE	DATE/TIME	ADM. BY	BIRTH/DATE	AGE	SEX/RACE	FC	ARRIVAL MODE	HOSPITAL ACCOUNT NO.	
NAME AND ADDRESS						NEAREST RELATIVE					

## ☐ SUTURE AND WOUND CARE

1. Keep the dressing clean and dry. After 24 hours the dressing can be removed and suture line cleaned with peroxide (as bought in a drug store) and Q-tips. Do not apply antibiotic ointment to stitches.
2. Elevate the wound to relieve soreness and help speed wound healing.
3. Despite the greatest of care, any wound can become infected. If your wound becomes red, swollen, shows pus or red streaks or feels more sore as days go by, see your doctor immediately.
4. Call your doctor for an appointment for removal of sutures.

☐ HEAD INJURY INSTRUCTIONS

☐ **SICK CHILDREN**

A specific cause for fever, vomiting or diarrhea frequently cannot be found. The illness may last a day or two. These symptoms may also be side effects of an ear infection or other seemingly unrelated condition.

## FEVER

Acetaminophen (Tylenol) on a 4-hour basis will usually control fever. The following are recommended dosages:

TYLENOL								
Age Group	0-3 mos	4-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs	11-12 yrs
Weight (lbs.)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95
Dose of Tylenol in milligrams	40	60	120	180	240	320	400	480
TYLENOL 50 mg/0.6 ml) dropperfuls	1/2	1	1 1/2	2	3	4	5	-
TYLENOL 160 mg/5ml) teaspoonful	-	1/2	3/4	1	1 1/2	2	2 1/2	3
CHEWABLE TABLETS 80 mg each)	-	-	1 1/2	2	3	4	5	6

Dose should be administered 4 or 5 times daily - but not to exceed 5 doses in 24 hours.  
 NOTE: Since TYLENOL, acetaminophen products are available without a prescription, parents are warned on the package label to consult a physician if use by children under two or for use longer than ten days and to consult a physician immediately in case of accidental overdosage.

Give Tylenol every 4 hours any time the fever is over 101° rectally. If the fever is above 104° rectally, the child should be sponged with water that is slightly cold to touch. Alcohol sponging should be avoided.

### VOMITING AND DIARRHEA

Most cases of vomiting and diarrhea respond to elimination of milk and solids from the diet and limiting intake to clear liquids - Gatorade, Jello water, flat Coke, etc. for up to 24 hours. Give small amounts of liquid (1/2 to 1 oz.) every 15 minutes and continue for 8 hours. If vomiting has ceased, try larger amounts every few hours. Do not give solid foods or milk until at least 12 hours after vomiting has ceased. A child's buttocks need special care. Gently and thoroughly wash the bottom with plain water after each diarrhea. Cover bottom with Vaseline, Desitin Ointment or baby powder.

If fever, vomiting and/or diarrhea persists greater than 12-18 hours after this emergency visit, or your child's lips and mouth become dry or his urination decreases (children should void at least every 6-8 hours), the child must be reexamined, preferably by the physician you were referred to or return to the Emergency Department.

**BURNS**

- 1. CLASSIFICATION**
- Burns are classified as to their DEGREE (severity) and as to their EXTENT (percentage of the body surface they cover).
- FIRST DEGREE** - Redness without blistering; a superficial burn involving the top layer of the skin.
- SECOND DEGREE** - Blistering; slightly deeper but not full skin thickness.
- THIRD DEGREE** - Involves the full thickness of the skin. This burn is PAINLESS and SKIN GRAFTS are required except for small patches.
- 2. FOLLOW-UP CARE**
- Careful follow-up of all burns is imperative to prevent complications. CALL YOUR SURGEON OR FAMILY PHYSICIAN upon leaving the Emergency Department for an appointment within 48 hours.
  - IF YOUR BURN WAS LEFT OPEN - Wash it three times daily with bland soap or BETADINE surgical soap (nonprescription).
  - IF YOUR BURN WAS DRESSED - Leave the dressing intact and see your physician within 48 hours.
  - Take pain pills only if needed and as prescribed.
  - If antibiotic pills are prescribed, take them faithfully.
  - Call your physician if you have a dressing and it gets WET.
  - Call your physician or return to the Emergency Department for UNDUKE PAIN, FEVER OR RED STREAKS around the burn.

☐ **TETANUS "LOCK-JAW" IMMUNIZATION**

**TETANUS IMMUNIZATION CONSISTS OF THE FOLLOWING:**

1. **Primary Immunization** — 3 injections of 0.5 ml. tetanus Toxoid each given 4-6 week intervals. A 4th dose of 0.5 ml. given approximately 1 year after the 3rd injection.
2. **Booster Dose** — Every 5 years after primary immunization as listed above.

Most children receive their primary immunization when they are infants as part of their "baby shots", however, there are some adults who never received their primary immunization as a child. If you are one of these individuals, you have received your initial injection and must receive another 0.5 ml. of Tetanus Toxoid in 4-6 weeks, a 3rd dose 4-6 weeks later and a 4th dose 1 year after the 3rd injection. From then on you must receive an immunization every 5 years for adequate prophylaxis against Tetanus.

**Please contact your private physician to arrange for these injections.**

BEST AVAILABLE

MULTIPLE AND DEFINITIVE MEDICAL CARE AND TREATMENT. I ACKNOWLEDGE THAT I HAVE BEEN INSTRUCTED TO CONTACT THE FOLLOWING PHYSICIAN IMMEDIATELY FOR CONTINUED AND COMPLETE MEDICAL DIAGNOSIS, CARE AND TREATMENT. EKG'S AND X-RAYS WILL BE RE- VIEWED BY APPROPRIATE SPECIALISTS AND THE PATIENT WILL BE NOTIFIED OF SIGNIFICANT DISCREPANCIES.	
SPECIAL INSTRUCTIONS	<input checked="" type="checkbox"/> Head sheet <input type="checkbox"/> Sick Child <input type="checkbox"/> Suture Care <input type="checkbox"/> Sprain <input type="checkbox"/> Back Injury <input type="checkbox"/> Burns <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tetanus
OTHER	<i>Admission to hospital for further treatment</i>
ERRA	
INT	ADDRESS
ATURE	LOCAL ADDRESS
	PHONE
	LOCAL PHONE

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**Patient Name :****Arrival Date/Time:**

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Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

### **FACIAL & SCALP CONTUSIONS**

Your evaluation indicates you have a contusion (deep bruise) around the face or scalp. Injuries around the face and head cause a lot of swelling, especially around the eyes. This is because the blood supply to this area is so good. Usually the swelling from a contusion will be better in 2-3 days, but it takes 7-10 days for a "black eye" to clear up.

You should apply ice packs to the injured area for about 20-30 minutes every 2-3 hours until the swelling improves. Use mild pain medicine as needed. Please call or return here right away if you have:

- Severe pain or headache, unrelieved by mild pain medicine.
- Unusual sleepiness, confusion, personality changes, vomiting.
- Persistent nosebleed, double or blurred vision, or drainage from the nose or ear.

You may have a mild headache, slight dizziness, nausea, and weakness for a few days. This usually clears up with bed rest and mild pain medicine. Contact your doctor if you are concerned about facial deformity or have any difficulty with your bite.

### **FEVER**

Your child has a fever (a temperature over 100 F or 37.8 C). Mild fevers are not harmful, but temperatures over 104 F (40 C) can cause dehydration and fussiness. Here are some very useful points that can help you make your child more comfortable and keep the fever down:

- Do not bundle your child up in heavy clothing or blankets. Use light clothing and bedding to help your child stay cool.
- Give plenty of extra fluids (water, sodas, popsicles) to prevent dehydration. Your child should drink enough to urinate every 6 hours.
- Use acetaminophen (Tylenol, Panadol, Liquiprin) or ibuprofen every four hours to relieve discomfort and keep the temperature down.
- Check your child's temperature every 4 hours. For babies use a rectal thermometer. Be sure to shake the thermometer down before you use it and wash it in cool soapy water to clean it.
- If you are unable to control the fever with the above measures, sponge or bathe your child in lukewarm water for 20 minutes. Never use cold water or alcohol to sponge a feverish child.

Please call your doctor if the fever has not dropped in 2 days. Be sure to have your child checked by a doctor right away if your child has any of these symptoms: seizures, delirium, repeated vomiting, dehydration or difficulty breathing.

## HEAD INJURY

You have suffered a minor head injury. You do not need to stay in the hospital any longer, but you should have someone with you to check your condition every few hours for the next 24 hours. You may go to sleep, but someone should wake you up several times during the night to make sure you know who and where you are, and that you are able to talk and move around normally. You should see your doctor or return to the Emergency Center at once if any of the following symptoms develop over the next few days:

- Severe headaches not helped by pain medicine.
- Vomiting more than 2-3 times.
- Mental confusion, restlessness, or personality changes.
- Increasing weakness, sleepiness, blackouts, or seizures.
- Loss of balance or trouble with movement or coordination.
- A clear or bloody drainage from the nose or ear.

Head injuries may cause a moderate headache, weakness, dizziness, nausea, and depression for up to a week or more after the injury. This post-injury state usually gets better with bed rest and mild pain medicine. If any of these symptoms last for more than a week, you will need further medical attention. Please call the Emergency Center or your doctor if you have any questions or concerns about your head injury.

## ACETAMINOPHEN

Your doctor recommends acetaminophen (Tylenol, Datril, Tempra, Liquiprin) to treat your present problem. This medicine is given for fever control and to relieve mild pain. Acetaminophen comes in both liquid and tablet form. Be sure to check the label for the dose. Every 4 hours you should give:

- Infants - 40-80 mg
- Toddlers - 120-160 mg
- School-age children - 240-400 mg
- Adults - 500-1,000 mg

Acetaminophen drops have 80 mg/dropperful, the elixir has 160 mg/teaspoon) Children up to 12 years old should not take this medicine for more than 5 days in a row. Adults should limit use to 10 consecutive days.

Please do not drink alcoholic beverages while you are taking this medicine because this can increase the risk of liver damage. Contact your doctor if your medicine is not helpful with your problem, or you are worried about side effects.

## FOLLOW-UP CARE:

Your physician today has been

For your follow-up care, you may return here or see your own doctor.

You have been referred to:



**Please make an appointment for further treatment as needed. To avoid any delay in your follow-up care, be sure to tell your referral doctor that we have referred you. bring aftercare instructions and medicines to the office. if you do not continue to improve or if your condition worsens, please call your doctor or return to the right away for further evaluation.**

**Additional Instructions:**

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